A division of VendTek Systems Inc

DIRECT PAYMENT SERVICE ENROLLMENT AUTHORIZATION FORM

Instructions: 1. Complete all applicable questions.
2. Sign where necessary.
3. Attach a void cheque and fax to 1-888-713-7351.

I / WE

Retailer Account Name (Same as on void cheque):		
Address:		
City:	**Province:**	**Postal Code:**

AUTHORIZE VendTek Systems Inc (THE COMPANY)

Address: #507 - 1952 Kingsway Avenue		
City: Port Coquitlam	**Province:** British Columbia	**Postal Code:** V3C 1S5

To Debit My / Our Account

Bank:	**Transit:**	**Account Number:**
Held at:		(NAME OF FINANCIAL INSTITUTION)
Branch Address:		
City:	**Province:**	**Postal Code:**

For all funds owing for products and services purchased from The Company that have been invoiced for, but not yet collected.

DIRECT PAYMENT SERVICE TERMS AND CONDITIONS

I/WE will notify The Company in writing of any changes in the account information or termination of this authorization at least thirty (30) days in advance of the change.
I/WE agree that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with The Company.
I/WE agree to pay all amounts due to VendTek Systems as invoiced according to the products/services provided by VendTek Systems.
I/WE agree to pay a $35 fee to be charged at The Company's sole discretion in each event that an attempt to collect funds in accordance with this authorization is unsuccessful due to insufficient funds (NSF) or an action by the retailer or retailer's financial institution to prevent such collection.
My/Our financial institution will treat each debit as if I/WE had personally issued a written direction authorizing VendTek Systems to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.
I/WE understand that any debits charged to my/our account will be reimbursed if:

(a) the debit was not drawn in accordance with this authorization;
(b) this authorization has been terminated; or
(c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by VendTek Systems by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/WE acknowledge that delivery of this authorization to VendTek Systems constitutes delivery to my financial institution.
I/WE warrant that all persons whose signatures are required to sign on this account have signed this authorization.
I/WE have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

Name: (Please Print)	Signature	Date (mm/dd/yyyy)
Name: (Please Print)	Signature	Date (mm/dd/yyyy)

* For joint accounts, all depositors must sign if more than one signature is required on cheques issued against account.

Toronto Office: 365 Evans Avenue, Suite 305, Toronto, ON M8Z 1K2 **Head Office:** #507-1952 Kingsway Ave, Port Coquitlam, BC, V3C 1S5
Phone: 1-800-253-2111; **Fax:** 1-888-713-7351; **Email:** info@nowprepay.com; **Web:** www.nowprepay.com

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