

# Benson Oil

## PRE-AUTHORIZED DEBIT (PAD) PLAN PAYOR AUTHORIZATION

TO: B. A. BENSON & SON LTD. (The "PAYEE")  
266 First Avenue (Rivervale), PO Box 368, Trail, BC V1R 4L6

### **To Direct Debit an Account with**

Business Entity Account Holder \_\_\_\_\_ (the "PAYOR")  
(Full Legal Name of Account Holder)

\_\_\_\_\_  
(Exact Name in Which Business Entity Account is Held - Business Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province)

\_\_\_\_\_  
(Postal Code)

\_\_\_\_\_  
(10 Digit Telephone Number)

\_\_\_\_\_  
(Contact Name for Payment Advise Notification)

\_\_\_\_\_  
Email Address (or)

\_\_\_\_\_  
Fax Number

**(the "PAYOR'S BANK")**

### **Financial Institution:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province)

\_\_\_\_\_  
(Postal Code)

\_\_\_\_\_  
(Account No.)

\_\_\_\_\_  
(Branch No.)

\_\_\_\_\_  
(Institution No.)

The undersigned PAYOR authorizes the PAYEE to debit the above account at the above indicated branch of the PAYOR'S BANK, in payment of (check all that apply):

- Variable Purchases of Lubricants
- Variable Purchases of Delivered Fuel
- Variable Purchases of Cardlock Fuel

under the terms and conditions agreed to between the PAYOR and the PAYEE.

These Services are for (check one)

Personal

Business



### Terms and Conditions

Cardlock debits will be drawn twice a month. The PAYOR will be notified of the exact date payment will be drawn via email. The PAYOR will notify the PAYEE promptly in writing if there is any change in the above account information or if the Authorization is to be terminated. Subject to review, a \$25.00 fee may be charged for each returned or stopped payment.

**It is acknowledged that with respect to variable amount debits to the above account the PAYOR agrees to the waiver of the 10-day pre-notification period.**

You have the certain recourse rights if any debit does not comply with this agreement. For example, you have the right to received reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The PAYOR acknowledges that delivery of this Authorization to the PAYEE constitutes delivery by the PAYOR to the PAYOR'S BANK, and any delivery to the PAYEE constitutes delivery by the PAYOR. It is warranted by the undersigned that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledge by the undersigned PAYOR or a signed copy of this Authorization.

You, the Payor, may revoke your authorization at any time, in writing or by phone, subject to notification being received at least ten (10) business days before the next PAD is scheduled to be pulled. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The PAYOR consents to the collection, use and disclosure by PAYEE of personal information provided by the PAYOR for the purpose of administering the pre-authorized debit plan in accordance with this Authorization.

\_\_\_\_\_  
*Payor Account Holder - Name* *(Date)*

\_\_\_\_\_  
*Authorized Signature* *Authorized Signature*

\_\_\_\_\_  
*Name and Title* *Name and Title*

**Please attach a "blank", "void" cheque drawn on the above account.**  
Return to: **FAX (250) 368-5503 or Email [ar@bensonoil.ca](mailto:ar@bensonoil.ca)**