



CUSTOMER PRE-AUTHORIZED DEBIT PLAN AUTHORIZATION

SUITE/UNIT NUMBER:

BUILDING ADDRESS:

PAYEE

Sunrex

1209 – 21 Roslyn Road
Winnipeg | Manitoba | R3L 2S8
P: 204 987-9000 | F: 204-987-9009

FINANCIAL INSTITUTION

HSBC Bank of Canada

110 – 330 St. Mary Avenue
Winnipeg, Manitoba R3C 3Z5
(204) 956-1632

ACCOUNT HOLDER

Surname _____ First Name _____

Address _____

City / Province _____ Postal Code _____

Phone #: (Daytime & Evening) _____

Bank Name _____

Address _____

City / Province _____ Postal Code _____

Branch | Institution Number | Account Number

INSTRUCTIONS

Please complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form with a blank Cheque marked "VOID" to the above Payee.

I/We as the account holder(s), authorize the Payee and the above-noted financial institution to debit my/our account, at the above indicated branch of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the contrary is given by me/us to the Payee.

The branch of the financial institution at which I/We maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.

I/We authorize debit, in paper, electronic or other form in the amount of \$ _____, with a reasonable latitude for adjustments and in no case to exceed \$ _____, may be drawn on my/our account **MONTHLY** beginning _____.

I/We will notify the Payee in writing of any changes in the account information or termination of this authorization no later than the 20th of the month prior to the month in which such changes are to take place.

Items charged will be reimbursed subject to notification by me/us to the branch of account within 90 days under and of the following conditions.

- a) I/We never provided the authorization to the Payee.
- b) The pre-authorized debit was not drawn in accordance with this authorization.
- c) My/Our authorization was revoked
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee.

I/We understand that a written declaration to this effect must be given to my/our financial institution.

Signature of Account Holder

Date

Signature of Account Holder

Date