Loraas Disposal North Ltd.
805 47th Street East
Saskatoon, SK
S7K 8G7
P: 306-242-2300
F: 306-242-4994

Pre-Authorized Payment Authorization Form

To: (the "Company") Loraas Disposal North Ltd.

Purpose: ☐ Consumer ☐ Business

Customer(s) Name(s) _____

Business(s) Name(s) (if different from above) _____

Business Address _____

City _____ Prov _____Postal Code_____

Name of Financial Institution (the "Bank") _____

Branch Address _____

City _____ Prov_____

Bank Number |_|_|_|_| Transit Number |_|_|_|_|_|

Account Number |_|_|_|_|_|_|_|_|_|_|_|_|

I/We (the above named Customer(s)) authorize Loraas Disposal North Ltd. to debit my/our account indicated above, on the 20th day of each month for previous month invoices, for payments payable to Loraas Disposal North Ltd. in respect of:

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay Loraas Disposal North Ltd. as indicated and to debit the amount specified to my/our account.

I/We will notify Loraas Disposal North Ltd. promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

I/We understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time upon 30 days written notice by me/us to Loraas Disposal North Ltd. I/We understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to Loraas Disposal North Ltd. are ended.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Any delivery of this authorization to Loraas Disposal North Ltd. constitutes delivery by me/us to the Bank.

I/We am/are all the persons who are required to sign on the above account.

I/We have received a signed copy of this authorization form.

Date_____ Customer's Signature _____