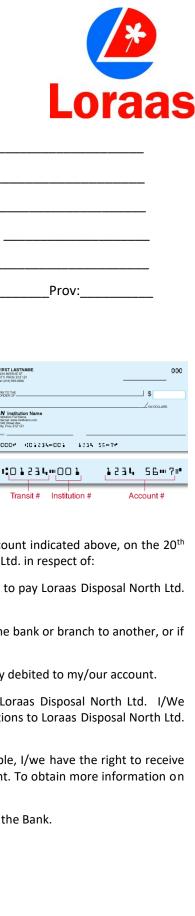
LORAAS DISPOSAL NORTH LTD.

PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM



To: (the "Company") Loraas Disposal North Ltd	l.	Lorga
Purpose: (tick one)	usiness	Luiaa
Customer(s) Name(s)		
Business(s) Name(s) (if different from above)		
Address		
City	Prov P	ostal Code
Name of Financial Institution (the "Bank")		
Branch Address	City	Prov:
Bank Number: Transit Number:		
Account Number:		
	_	FIRST LASTNAME 10 A GET
Please complete and attach a 'VOID' Chequ	ie or Direct Denosit Form	CONTROL S
·	ie of birect beposit form.	IV Institution Name terror wavenumber com Only home 24 Test
Return to: Attn: Accounts Receivable		**COO** **CO1234**CO1
Mail: 805 47 th Street East, Saskatoon, S		"*************************************
Fax: (306) 242-4994 Tel: (306) 242-2 Email: <u>accrec@loraas.ca</u>	300	Transit # Institution # Account #
I/We (the above named Customer[s]) authorize Loraas Disposal North Ltd. to debit my/our account indicated above, on the 20 th 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 Ltc as indicated and to debit the amount specified to my/our account.		
I/We will notify Loraas Disposal North Ltd. prom there is any other change in the account.	ptly in writing if I/we move the acc	ount from one bank or branch to another, or i
I/We understand that the Bank is not responsible	e to verify whether these payments	s are properly debited to my/our account.
This authorization may be cancelled at any tir understand that if I/we cancel this authorization are ended.		
I/We have certain recourse rights if any debit d reimbursement for any debit that is not authori my/our recourse rights, I/we may contact my/ou	zed or is not consistent with this PA	AD Agreement. To obtain more information of
Any delivery of this authorization to Loraas Disp	osal North Ltd. constitutes delivery	by me/us to the Bank.
I/We am/are all the persons who are required to	o sign on the above account.	
I/We have received a signed copy of this author	zation form.	
Date Cust	omer's Signature	