



PRE-AUTHORIZED (PAD) PLAN AGREEMENT

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize High Country Equestrian Center, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our High Country Equestrian Center account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 5th day of each month. High Country Equestrian Center will provide 10 days written notice of the amount of each regular debit. High Country Equestrian Center will obtain my/our authorization for any other one-time sporadic debits.

This authority is to remain in effect until High Country Equestrian Center has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

High Country Equestrian Center may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s): _____

High Country Equestrian Center Account Number: _____

Type of Service: Personal ___ Business ___

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____



Financial Institution (FI)

FI Name: _____

FI Account Number: _____ FI Transit Number: _____ - _____
(branch - 5 digits; FI - 3
digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

High Country Equestrian Center
Attention: Customer Billing Department
41194 Circle 5 Estates
Calgary, Alberta
T3Z 2T5