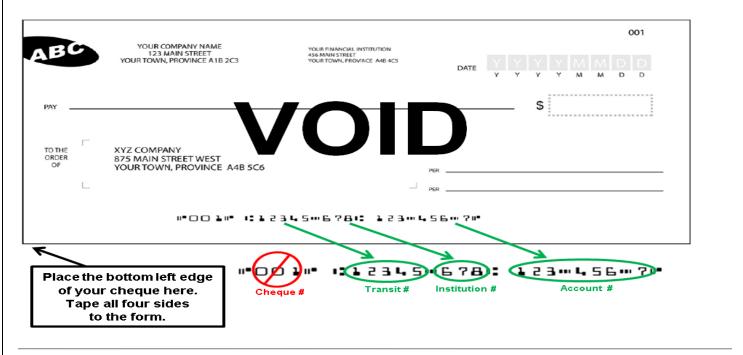
## Maxima Automatic Clearing House New Enrollment

To enroll in Maxima's automatic clearing house (ACH) payment service, please provide us with the following information and enclose your blank, voided cheque for the account which Maxima will withdraw your payments.

Account Information		
Application ATS # or Account Code	Fleet Card Product	Primary Contact Name
Company Name		Business Phone Number
Billing Address		City/Province/Postal Code
mail Address		
Enrollment Information		PAD Category: Business
Note: We can	not obtain acceptable b	anking information from deposit slips.
	Depository Acco	
Account Type: 🛛 Commerci	al Checking 🛛 🗆 Cor	nmercial Savings
Name of Institution:	Na	ame on Account:
Fransit Number:		nancial Institution Number:
Account Number:		
		ekly  Semi-Monthly  Monthly (select one) basis, withdraw g terms until notice of change or cancellation is provided to
Signature(s)		
understand that the amount to be payments that may have been post withdrawn. In the event if on the f "Maxima" to initiate a second atte error is required I also provide "Ma account has been set up in the nam	drafted will be based on the red to the account after inver- irst attempt to withdraw the mpt to withdraw the funds xima" with my authorization ne on the account stated ab	ma" to electronically withdraw funds from my account. I e total amount due on my most recent statement less any new oicing. I waive advance notice of the exact amount to be e funds the payment is returned as insufficient funds I authorize within 3-days. In addition, if an adjustment for an entry made in on to make the adjusting entry. I also represent that the cited hove. This authorization will remain in effect until I revoke my calling Maxima, allowing up to 15 days to terminate the
Signature of Account Holder		Signature of Joint Account Holder
Printed Name / Date		Printed Name / Date

Maxima Solutions Inc PO BOX 68616 Great Lakes Brampton ON,L6R 0J8 Phone 1-855-5MAXIMA | Fax 905-559-0007 info@maximasolutions.ca Please tape your voided cheque on the copy of this form you are returning to Maxima Solutions Inc. Place your cheque on the space provided so that the bottom right corners are aligned. This will help you identify the necessary bank information to initiate electronic payments. Note: If a savings account is being used, you must check with your bank to obtain the correct bank transit routing number and account number for electronic withdrawal.



## **Return Instructions**

Please scan and email both pages of this completed form to info@maximasolutions.ca or fax to +1 (844) 832-0057.

Please allow up to 15 days for changes to take place.

Once the ACH is set up, you will receive a letter of confirmation from our office.

## **Notice of Terms and Conditions**

My signature indicates my acceptance of these terms and acknowledges that I am an authorized representative of the Company listed above to provide such approval. Maxima will debit the above referenced account as I have instructed. If the Depository Institution returns an electronic debit request to Maxima for any reason, a Service Fee of \$50.00 CAD will be assessed. I further understand that the cardholder privileges may be temporarily suspended (the account locked to further charges) until such time that the debit entry is honored or if other payment arrangements to bring the account to a current payment status are made.

## **Recourse Statement**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debits (PAD) Agreement. To obtain more information on your recourse rights, contact your financial institution or visit <u>www.cdnpay.ca</u>.

Signature of Account Holder

Signature of Joint Account Holder

Printed Name / Date

Printed Name / Date

Maxima Solutions Inc PO BOX 68616 Great Lakes Brampton ON,L6R 0J8 Phone 1-855-5MAXIMA | Fax 905-559-0007 info@maximasolutions.ca

Page 2 of 2