



AUTOMATIC FUNDS TRANSFER AGREEMENT

Date: _____

Thank you for using Pre-Authorized Debits from The Organic Box. Please provide the following details and a **copy of a cheque marked 'VOID'**. This form and the cheque can be faxed to our office prior to delivery, or returned to the driver upon delivery:

The Organic Box
5712 59 Street
Edmonton, AB
T6B 3L4

- 1. Member Name: _____
- 2. Address: _____
- 3. City/ Town: _____
- 4. Province: _____
- 5. Postal Code: _____
- 6. Phone: _____
- 7. Financial Institution (Branch# & Transit #) _____ & _____
- 8. Account Number : _____
- 9. Payment Start Date: _____

PRE-AUTHORIZED PAYMENT AUTHORIZATION – TERMS AND CONDITIONS

I (We) authorize Organic Box Ltd. and CUPS Payment Services. (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for weekly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our The Organic Box account(s). Regular payments for the full amount of products delivered will be debited to my/our specified account on the day the service is provided. Organic Box Ltd. will provide written notice of the amount of each regular debit via emailed invoice no later than 24 hours prior to the debit.

This authority is to remain in effect until Organic Box Ltd. 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 above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAP Agreement at my/our financial institution or by visiting www.cdnpay.ca

Organic Box Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (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 PAP 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

Printed Name Account Holder 1

Signature Account Holder 1

Printed Name Account Holder 2

Signature Account Holder 2