

### TERANET DEPOSIT ACCOUNT PAYMENT PLAN (DAPP) APPLICATION

Authorized Services means those products and services that are provided by or accessed through Teranet Inc. and its affiliates ("Teranet"). Authorized Services may also be accessed by a Third Party Channel that is authorized by Teranet. Use of Authorized Services is subject to terms and conditions applicable to each product and service. Use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder. Your application is subject to acceptance by Teranet. NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by Teranet for the purpose of administration of and access to systems, products and services. For questions on collection and use of this information, please contact Teranet at 1-800-208-5263 or 416-360-1190.

By signing below the Teranet Account Holder and Authorized Signing Officers verify the accuracy of the information submitted and agree to the payment plan identified.

1. DEPOSIT ACCOUNT PAYMENT PLAN ("DAPP")								
Deposit Bank Account ("DBA") Payment Plan Agreement; Deposit Account ("DBA") information below and attach a Authorized Services Deposit Account (the "Deposit Account") balance and Under this Payment Plan Agreement Teranet will regularly debit a specific payment of charges, fees and taxes (including statutory and service fees).	a void cheque. Set for the payment of countries that account as	elect this option of charges, fees and when dire	when the Acco and taxes (indected by the ac	ount Holder has cluding statutor uthorized Depo	s specified a DE y and service for sit Account Ado	BA to maintain the ees), in lieu of particular indicates the ministrator indicates and the ministrator indicates and the maintain the m	e Account Holder's ayment by cheque.	
New Application Replacement Account	ACCOUNT NAME (EXISTING ACCOUNT HOLDER ONLY)  ACCOUNT NUMB					BER (EXISTING ACCOUNT HOLDER ONLY)		
ACCOUNT HOLDER INFORMATION:								
ACCOUNT HOLDER (BUSINESS/FIRM/ORGANIZATION/INDIVIDUAL) LEGAL NAME								
We request and authorize Teranet Inc., and its affiliates (collectively, "Teran from time to time in accordance with the terms and conditions of this authori			lowing Deposit	Account or suc	h other accoun	ts as we may ide	entify to Teranet	
Complete the Financial Information section below if this is a new application	n or you are changi	ng your financia	al information.					
FINANCIAL INSTITUTION ("PROCESSING INSTITUTION INFORMATION:	ON")	AUTHORI	ZED SIGNI	NG OFFIC	E <b>RS:</b> (Requ	ired for all ap	oplications)	
FINANCIAL INSTITUTION NAME		NAME						
BRANCH ADDRESS (STREET NAME)		SIGNATURE						
CITY PROVINCE	POSTAL CODE	NAME						
FINANCIAL INSTITUTION NUMBER TRANSIT NUMBER BANK AG	CCOUNT NUMBER	SIGNATURE						
☐ VOID CHEQUE IS ATTACHED ☐ NO VOID CHEQUE FORM 103	If the Buyer is a business, the account must be an account maintained in the name of the business and this authorization must be signed by the person or persons authorized to make transactions on the account.							
Teranet requests a voided cheque for the Deposit Account to establish the payment plan. $ \\$								
Check here if only revising the value of the total monthly maximum. If checked, no need to provide void cheque.		Please select the total monthly maximum dollar amount of PADs for this bank account by checking one of the following:						
PERSONAL SECURITY LICENCE HOLDER INFORMA	TION	\$500	\$1,000	\$2,000	\$5,000	\$10,000	\$50,000	
Account Holders selecting the Deposit Account Payment Plan must also sypermitted to request a Pre-Authorized Debit (PAD) from this bank account Personal Security Licence Application (Form 300) for the Deposit Account A	pecify below the P t. The Deposit Ac	count Administr	ator listed belo	w must be a F	Personal Securi			
DEPOSIT ACCOUNT ADMINISTRATOR: (PLEASE PR	RINT)							
LAST NAME	FIRST NAME					MIDDLE NAME		
AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE	E:							
Name	SIGNATURE					DATE (MM/DD/YYYY)		
On behalf of the Account Holder and its User(s), I agree to Teranet I of your Users can withdraw your consent at any time by contacting transactions, security and other account matters.								

Email this form and attachments to Teranet Inc.: admin@teraview.ca or mail. Teranet Inc. is located at 123 Front Street West, Suite 700, Toronto, Ontario M5J 2M2



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#### 2. PAYMENT PLAN AGREEMENT ("PPA") TERMS - DEPOSIT ACCOUNT PAYMENT PLAN

The following PPA terms and conditions apply to the Deposit Account Payment Plan

#### **DEPOSIT ACCOUNT PAYMENT PLAN TERMS & CONDITIONS**

In this Deposit Account Payment Plan agreement, the words "we" and "our" refers to the Account Holder named in Part 1 above.

- 1. Sporadic Debits of Variable Amount: This is a continuing but revocable authorization for the sporadic issue and processing of PADs in variable amounts for business purposes.
- 2. The Pre-Authorized Debit ("PAD"): On the authorization of the Account Holder communicated by any means, including electronic means, and authenticated by signature, password, secret code or other agreed signature equivalent, Teranet is requested and authorized to issue or draw a PAD on the Deposit Bank Account for the purpose of transferring funds to Teranet for credit to the Account Holder, for application by Teranet in accordance with clause 3. Teranet shall be permitted to treat as valid authorization, any instruction purporting to be given on behalf of the Account Holder and accompanied by use of such password, secret code or other agreed signature equivalent.
- 3. Application of Amounts: Funds paid to Teranet for credit to the Account Holder may be applied by Teranet, without requirement of notice to the Account Holder, in payment of fees and charges owing to Teranet for Authorized Services. The application of funds by Teranet in payment for services is not contingent on the prior provision to the Account Holder of a statement of services used, although Teranet will provide the Account Holder with statements in respect of the use of services and the making of such payment.
- **4. Benefit:** This authorization is provided for the benefit of Teranet, and its assignees, and the Canadian financial institution that maintains the Deposit Account (the "Processing Institution"). This authorization is provided in consideration of the Processing Institution agreeing to process PADs from the Deposit Bank Account in accordance with the rules of the Payments Canada. Delivery of this authorization to Teranet also constitutes delivery of our authorization to the Processing Institution. The Processing Institution is not required to verify that a PAD has been initiated in accordance with this Agreement. We agree to inform Teranet, in writing, of any change in the information about the Deposit Bank Account at least five (5) days before authorizing another sporadic PAD.
- 5. Cancellation: We may cancel our authorization at any time (a) upon written notice to Teranet or (b) upon our instructions given by personal computer or other electronic device (as permitted by Teranet) with proper authorization to verify the Account Holder's identity. This authorization agreement applies only to the method of payment to Teranet and revocation of this authorization does not terminate any contract for goods or services that exists between the Account Holder and Teranet. We acknowledge that we will have to make alternate payment arrangements acceptable to Teranet if we revoke our authorization for PADs. To obtain a sample cancellation form, or for more information on the right to cancel a PAD agreement, contact your financial institution or visit www.payments.ca
- **6. Disputes:** The Account Holder agrees not to dispute or request the return of a PAD for any reason whatsoever, except in the following circumstances: (a) the PAD was not drawn in accordance with this Agreement, or (b) this Agreement was revoked. The Account Holder, in order to be reimbursed, acknowledges that a declaration to the effect that (a) or (b) took place must be completed and presented to the financial institution that keeps the Deposit Bank Account up to and including ten (10) days after the date the disputed PAD was posted to the Account Holder's Deposit Account.
- 7. Consent: We consent to the disclosure of personal information contained in this Agreement, and any debit issued pursuant to this authorization, to financial institutions as necessary in order to give effect to this Agreement, subject to the rules of the Canadian Payments Association and applicable privacy laws.



# **Requirements Checklist**

## Section 1 - Deposit Account Payment Plan ("DAPP"):

- Account Name and Account Number (required for existing Teraview accounts)
- Account Holder Information Firm Name
- Financial Institution Information (new accounts & changes to existing bank account information)
  - Name and full address of Financial Institution
  - Bank Account Information Institution number, transit number and account number
  - Provide a copy of a void cheque that indicates company name and address
- Authorized Signing Officer's name and signature
- DAPP monthly maximum Select the total monthly maximum amount
- DAPP administrator Please note the person appointed as the DAPP administrator must be a Teraview user
- Account Holder Representative's name, signature and date.