



PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM

Account Holder Name(s)

Phone Number

Address (including unit number)

City

Province

Postal Code

Coextro account Number

Bank Name

Bank Branch Number(i.e. 12345)

Bank Number(i.e. 002)

Bank Account Number (i.e. 1234567)

Bank Address

Bank City

Bank Province

Bank Postal Code

Signature(s)

Date

Scan and Email this form to Coextro or send it by regular mail to our mailing address. A blank voided cheque must be attached. It may take 4-6 weeks to process this form.

This authorizes Coextro o/a 2332683 to debit my/our account shown above to pay my/our periodic charges for the provision of Coextro goods and/or services. I/We acknowledge that this authorization is for the use of Coextro and my/our financial institution and is provided in consideration of my/our financial institution agreeing to process debits against my/our account as per the rules of the Canadian Payment Association. The information on this form will be communicated to Coextro's bank(s) in order to implement this authorization.

All persons whose signatures are required to sign on the account noted above have signed this authorization. I/We will promptly notify Coextro in writing if there is any change to my/our account information. This authorization may be cancelled at any time with at least 30 days prior written notice to Coextro. Cancellation of this authorization only applies to the method of payment and does not otherwise have any bearing on the contract for Coextro goods or services. I/We waive pre-notification of the amounts and dates of any sporadic debits from my/our account. I/We understand that: My/Our financial institution is not required to verify that any debits Coextro withdraws comply with this authorization or any agreement with Coextro. My/Our financial institution can reimburse me/us for any debited amount if: (i) its withdrawal does not comply with this authorization (ii) I/we cancel this authorization. To be reimbursed, I/we must complete a declaration form within 90 calendar days of the debit being posted to my/our account; any dispute after that must be resolved directly by Coextro. I/We acknowledge that I/we have read and understand all of the terms and conditions of this Pre-Authorized Payment Authorization.