

SCHEDULE "B"
EYESURF PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Authorization of the Payor to the Payee to Direct Debit an Account
Revised: December 2008

Instructions

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account
2. Please sign the Terms and Conditions on page 4 of this document
3. Return the completed form with a blank cheque marked VOID to the Payee at the address below:
4. If you have any questions, please call/email Eyesurf

PAYOR INFORMATION *(Please print clearly)*

Payor Name(s):	
Address:	
Telephone:	
Signature of Payor(s):	Date:

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please print clearly)*

Branch Number	Institution	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

PAYEE INFORMATION

Payee Name: Eyesurf
Address: Box 48024, Williamsburg Plaza, Kitchener, ON, N2E 4H0
Telephone: 519-804-7873 Email: billing@eyesurf.net

PAYMENT INFORMATION

Please specify whether the payment is a: <i>(Only check one)</i>	<input type="checkbox"/> Fixed amount
	<input checked="" type="checkbox"/> Variable amount
Occurring at: <i>(Only check one)</i>	<input checked="" type="checkbox"/> Set-intervals (bi-weekly)
	<input type="checkbox"/> Sporadic Intervals. The Payor must describe the occurrence of an Event or other criteria that will trigger the debit of the account:
Are top-ups or adjustments permissible? <i>(Only check one)</i>	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No

EYESURF PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Terms & Conditions
December 2008

1. In this Agreement , "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes. I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution"). I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee. The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs. I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at www.cdnpay.ca.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I agree to waive any pre-notification requirements or to abide by any modification to the pre-notification requirements as agreed to with the Payee.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more

information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca.

10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.

12. I understand and agree to the foregoing terms and conditions.

13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

14. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

Authorization

By signing this authorization, I acknowledge that I have read, understood and accept all the provisions in the Terms and Conditions of Eyesurf Services (www.eyesurf.net/terms) as well as this Pre-authorized Debit agreement, a copy of which has been provided to and retained by me.

Name of Account Holder	Signature	Date
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Name of Account Holder	Signature	Date
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Please mail completed/signed form to:

Box 48024
Williamsburg Plaza
Kitchener, ON
N2E 4H0

Or by email:

billing@eyesurf.net