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Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/we authorize NetKnow Internet Knowledge Company Inc. and the financial institution designated (or any financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our NetKnow Internet Knowledge Company Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the ____ day of each month. NetKnow Internet Knowledge Company Inc. will provide 10 days written notice of the amount of each regular debit. NetKnow Internet Knowledge Company Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until NetKnow Internet Knowledge Company Inc. has received written notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting <http://www.cdnpay.ca>.

NetKnow Internet Knowledge Company Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if ant debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD 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 <http://www.cdnpay.ca>.

PLEASE PRINT

DATE(yyyy/mm/dd): _____

Names: _____

NetKnow Internet Knowledge Company Inc. Account (please do not include password): _____

Type of Service : Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number:(Bus.) _____ (Res). _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____