



Pre-Authorized Debit (PAD) Plan Agreement

To enroll in the Pre-authorized Payment Plan, please fill out this form and return the completed form with a **void cheque** or a pre-authorized debit form from your financial institution to the below address or email address.

I/we authorize UFA Cooperative Limited ("UFA"), and the financial institution designated below (or any other financial institution I/we may authorize at any time) to begin deductions of variable payments (including but not limited to monthly recurring payments and/ or one-time payments from time to time) for all purchases of goods and services through my/our UFA Cooperative Ltd. account, whether or not such items are open items or deferred items ("Account"). Regular monthly payments for the full amount of such purchases will be debited to my Account on the 25th day of each month or the following business day. **I/we agree to waive my/our right to receive pre-notification of the amount of the PAD and I agree that I do not require advance notice of the amount of PADs before the debit is processed. I further agree that UFA may provide a written confirmation of this PAD Agreement at any time that is at least three (3) calendar days before the due date of the first PAD.**

The authority is to remain in effect until UFA has received written notification from me/us of its change or termination. This notification must be received by UFA at the address provided below at least ten (10) business days before the due date of the next PAD. I/We may obtain a PAD cancellation form at: <https://coop.ufa.com/finance-leasing>, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

UFA 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, I/we will visit <https://coop.ufa.com/finance-leasing>, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

I understand that UFA's collection, use and sharing of any personal information I provide hereunder is conducted in accordance with UFA's privacy policy, the most current version of which can be obtained online at <https://www.ufa.com/privacy-policy>.

Date:			
Name(s):	Name of Business: (if applicable)		
UFA Account Number:	Type of Service:	Personal	Business
Address:			
City/Town:	Province:	Postal Code:	
Phone Number: (Bus.)	(Res.)		
Email Address:			
Financial Institution (FI):			
FI Account Number:	FI Transit Number:	Institution/ Branch Number:	
FI Address:			
City/Town:	Province:	Postal Code:	

Thank you for choosing to participate in our Pre-Authorized Debit (PAD) Plan. Please complete and return form with your voided cheque or pre-authorized debit form from your financial institution by email to accounts.receivable@ufa.com, you can also mail or fax to the Accounts Receivable address listed below with the necessary attachments. Please keep a copy for your records.

Attention: Accounts Receivable, UFA Co-operative Limited 700 – 4838 Richard Road SW Calgary, AB T3E 6L1
Telephone: 1-877-258-4500 or FAX: 403-570-4009

Authorized Signature: