



RAVEN TRUST PRE-AUTHORIZED DEBIT AGREEMENT

This form authorizes RAVEN Trust to receive payments on a monthly basis via direct debit. *Please attach a VOID cheque.*

Account Holder Name(s) (the "Payor")

Address (street, city, province, postal code)

Email Address

Phone No.

Payee Name

RAVEN TRUST

Address (street, city, province, postal code)

303-620 View Street, Victoria, BC, V8W 1J6

Email Address

leah@raventrust.com

Phone No.

250-383-2331

Amount of Payment \$ _____ per month, beginning (date) 1st 16th of (month) _____ (year) _____

Payor Financial Institution and Address (the "Processing Institution")

Payee's Account for Credit

Raven Trust
Island Savings Credit Union

Payor Account (The Payor's account at the Processing Institution; the "Account")

Institute No. | Branch ID | Account No.

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0 8 0 9 2 0 0 5 0 1 0 2 0 2 3 3 9 8

AUTHORIZATION if only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "processing institution" and is provided in consideration of the Processing institution agreeing to process debits ("PADs") against the Account with the Processing institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, acknowledges understanding the terms and conditions of this agreements, and agrees to be bound by the terms and conditions of this agreement.

I/We warrant and guarantee that the persons(s) whose signature(s) are required to sign on the Account have signed the agreement.

X

Payor Signature

Date

X

Payor Signature

Date

To CANCEL PAYMENT, 5 days notice is required before the next PAD will be issued. Cannot exceed 30 days.