



Innovative Benefits Solutions

Pre-Authorized Payment

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Please fill in and return this form to Quikcard Solutions Inc. with one of your cheques, unsigned and marked VOID.

I/We _____
Name(s)

Of _____
Company

Address _____

City/Province _____ Postal Code _____ Phone _____

Pre-Authorized Payment Authorization and Agreement ("Agreement")

I (we) the undersigned account holders, authorize Quikcard Solutions Inc. ("Quikcard") to draw monthly debits, by paper or electronic entry, each month from my (our) account as indicated on the attached "void" cheque (the "Account"), for the purpose of health plan contributions, in the fixed amount of \$ _____, payable on or about the 1st of each month beginning _____, 20__ and continuing until notice to the contrary is given.

I (we) authorize Quikcard to draw more than one monthly debit from my (our) Account in the event that an attempt to draw on the Account by Quikcard is unsuccessful or returned by my (our) financial institution. I agree that in the event of a second occurrence of a returned or unsuccessful debit from my (our) Account, that Quikcard may, in its sole discretion, immediately terminate my (our) pre-authorized payment privileges and this Agreement. Termination of this Agreement does not terminate the contract for goods and services to which this Agreement relates.

I/we will notify Quikcard promptly in writing if I/we move the Account from my financial institution or branch to another, or if there is any other change in the Account.

I (we) acknowledge that delivery of this authorization to Quikcard constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain the Account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.

The authorization may be cancelled at any time upon written notice by either me (us) or Quikcard.

I (we) warrant that all persons whose signature(s) are required to sign on the Account have signed this authorization.

Signature _____ Date _____

Signature* _____ Date _____

* For joint accounts, all account holders must sign if more than one signature is required on cheques issued against the Account. Consult Quikcard's privacy policy at www.quikcard.com/privacy-policy/ or contact Quikcard by phone or mail.