

Pre-Authorized Debit (PAD) Agreement



**LIQUOR
DISTRIBUTION
BRANCH**

Overview

You, by your signature below, authorize Her Majesty the Queen in Right of the Province of British Columbia, as represented by the General Manager of the Liquor Distribution Branch ("LDB") to transfer from time to time monies received by you in accordance with your agreement with the LDB relating to the direct sales and delivery of British Columbia manufactured product, as amended from time to time ("Direct Sales Agreement"). Accordingly, you authorize the financial institution designated below to debit the account designated below. You agree to a reduction of the standard ten (10) calendar day pre-notification period and that the LDB will provide you with pre-notification of the amount to be debited at least one (1) business day before your account is debited. sent to you at your email address provided below, or such other email address of which you provide the LDB with written notice from time to time. You further agree that any email sent by the LDB to you at such email address will be deemed to have been received by you.

You acknowledge that the LDB may charge a dishonoured payment fee for each returned PAD for any reason such as, but not limited to, "NSF", "stop payment" or "account closed/frozen".

You may revoke your authorization at any time in writing, subject to providing notice of at least ten (10) business days to the LDB. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca. Please notify the LDB as soon as possible if you need to change the account information contained in this authorization, as it is a requirement under your Direct Sales Agreement that you have in place and maintain a PAD account.

You have certain recourse rights if any debit of your account by the LDB does not comply with this PAD Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

You acknowledge that all information provided in this PAD Agreement is business information and no personal information is being provided.

LDB contact information for any questions or notices required under this PAD Agreement is:

**BC Liquor Distribution
Branch 2625 Rupert Street
Vancouver BC V5M 3T5
Attention: Finance – Customer
Master Phone: (604) 252-3175
Fax: (604) 252-3179
Email: ldbpap@bcldb.com**

Manufacturer Identification

Manufacturer Licence # (if issued): _____ LDB Store # (if issued): _____
Manufacturer's Legal Business Name: _____ Manufacturer's Establishment Name: _____
E-mail Address: _____

Bank Account Information

Either:

1. Attach a void cheque (recommended) and leave the section below blank, OR
2. Fill out the section below and obtain verification from your Financial Institution as indicated:

FINANCIAL INSTITUTION VERIFICATION – Provide Financial Institution stamp and representative signature to ensure account information accuracy

Not required if void cheque is attached

SIGNATURE AND BANK STAMP

DATE SIGNED
YYYY /MM/ DD

Transit #: _____ Financial Institution #: _____ Account #: _____

Financial Institution Name: _____

Branch Address: _____

*These services are for business use

Authorization for Payment

Manufacturer Signature(s): (Ensure this agreement is signed by an authorized signatory, or signatories if required)

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____