



PRE-AUTHORIZED DEBITS (PAD) AGREEMENT

Customer Information, Payor (please print clearly)

Name: _____

Account Number:

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Branch Transit:

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Financial Institution Number:

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Street Address: _____

City: _____

Province: AB

Postal Code: _____

Payee: Great North Capital Inc.

Deposit Account: 00*****7200
Number

Branch Transit: 771

Financial Institution Number: 219



These services are for:

Personal:

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Business:

✓

Financial Institution Name: ALBERTA TREASURY BRANCHES

ATB Financial

Branch Address: 2320 23 Ave NW #304, Edmonton, AB T6T0R1

Pre –Authorized Debit (PAD) Details

The Payor, authorizes Great North Capital Inc. to debit the bank account identified on every second Wednesday of every month (bi weekly) or the next business day for loan repayment.

These services are for:

Personal

Business

You the Payor, may revoke your authorization at any time in writing or by phone subject to providing notice of 5 business days. To obtain a sample cancellation form, or more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder(s):

Name(s):

Date:

You have certain recourse rights if any debit does not comply with this agreement, for example 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.

When form is complete mail or email to:

Great North Capital Inc.
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Edmonton, AB
T6L 4K1
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Email: Michael@greatnorthcap.com