

DonorPerfect Online - Hosting & Support Contract

Pre-Authorized Payment Agreement

Participant (Henceforth called "Payer"):

Pre-Authorized with bank

Bank/Credit Union (henceforth called "Financial Institution"):

Account Number (Henceforth called "Account"):

Transit: _____
(99999)

Institution: _____
(999)

(Please enclose a copy or a cancelled cheque)

Pre-Authorized with credit card

Name on the card (Henceforth called "Account"):

Credit card number (henceforth called "Credit card"):

Expiry date: _____ / _____

The Signatories Understand

That the Payer has authorized DonorPerfect Canada Inc. and the Financial Institution in consideration of the financial institution's agreement to debit my account according to rules of the Canadian Payments Association.

That all the persons whose signatures are required on this account have duly signed this agreement.

That returning this authorization to DonorPerfect Canada Inc. constitutes the Payer's remittance to the Credit card or to the Financial Institution.

All remittances made as a result of this authorization constitutes a remittance by the Payer.

All payments will be processed on the first business day of every month.

The Signatories Authorize

DonorPerfect Canada Inc. will charge the Payer's account at the Financial Institution or at the Credit Card in order to pay for: DonorPerfect Online subscription and support.

Monthly Amount:

GST/HST:

PST: _____

Total:

It is understood that this authorization only concerns payments for services described above and specifically excludes all other transactions between the Payer and DonorPerfect Canada Inc.

This authorization can be cancelled at any time upon notice from the Payer.

Signatory of account

Signatory of account