WORLDWIDE
PRECIOUS METALS
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WORLDWIDE PRECIOUS METALS (CANADA) LTD.
UNIT # 601-999 CANADA PLACE
VANCOUVER, BC V6C 3E1

TEL: 778-945-2002 www.wwpmc.com
FAX: 778-945-2003 info@wwpmc.com

PRE-AUTHORIZED DEBIT (PAD) FORM AGREEMENT

"I/We acknowledge that this Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against my/our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules)." WWW.CDNPAY.CA

INSTRUCTIONS: ***Please complete all sections*** *to instruct your financial institution to make payments directly from your account. Return the completed form, by mail, including a blank cheque marked "VOID" to the Payee below.*

Payee Information

NAME: Worldwide Precious Metals (Canada) Ltd. [WWPMC]

ADDRESS: Unit 601-999 Canada Place
Vancouver BC, V6C 3E1

PHONE NUMBER : 778-945-2002

FAX: 778-945-2003

EMAIL: INFO@WWPMC.COM

I. Customer Information

NAME(S) ON ACCOUNT:

ACCOUNT NUMBER: - -

STREET ADDRESS:

CITY / TOWN: **PROVINCE / STATE**

POSTAL CODE: **TELEPHONE:** **EMAIL**

II. Banking Information

ACCOUNT NUMBER: **BRANCH TRANSIT NUMBER:**

**(Branch-5 digits; FI-3 digits)*

NAME OF FINANCIAL INSTITUTION: **FINANCIAL INSTITUTION NUMBER:**

ll.Banking Information (cont'd.)

BRANCH ADDRESS:

CURRENCY OF FUNDS ACCOUNT: ☐ **Canadian** currency ☐ **U.S.** currency **(Please use check mark)*

lll.Pre-Authorized Debit (Pad) Details

"l/Weauthorize WWPMC andthe financial institution designated to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments to be credited to my PMl account. Payments delivered will be debited from my/our specified account as instructed below. WWPMC will obtain my/our authorization for any other one-time or sporadic debits. Prior to applying the payment to my PMl Account, the funds will be converted to U.S. Dollars."

TYPE OF SERVICE: ☐ **Personal** ☐ **Business**

PAYMENTS TO BE DEBITED (CHECK MARK THE BOX):

☐ Monthly, on the 5th ☐ Monthly, on the 20th ☐ One-time payment as per my written authorization

payment amount:

$ _____ **and cannot exceed $** _____ **CAD/US Dollars**

**(Customer must provide at least 5 days notice by phone or in writing of any changes to the debit amount as per the Agreement)*

CHANGE IN ACCOUNT INFORMATION:

l/We undertake to inform the Payee, in writing, of any change in the account information provided in this authorization with at least five (5) business days prior to the next due date of the PAD.

CANCELLATION OF ARRANGEMENT:

l/We may revoke this authorization at any time, in writing, subject to providing notice of at least five (5) business days before the next debit is scheduled. To obtain a sample cancellation form, visit WWW.CDNPAY.CA or l/we may request a copy from WWPMC.

RECOURSE/REIMBURSEMENT:

l/We have certain recourse rights if any debit does not comply with this agreement. For example, l/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, l/we may contact my/our financial institution or visit WWW.CDNPAY.CA.

PRE-NOTIFICATION WAIVER:

l/We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

lll. Pre-Authorized Debit (Pad) Details (cont'd.)

VALIDATION BY PROCESSING INSTITUTION:

I/We acknowledge our financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on our account.

Valid Signing Authority:

I/Wewarrantandguarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

SIGNATURE OF ACCOUNT HOLDER:	SIGNATURE OF JOINT ACCOUNT HOLDER (IF APPLICABLE):
NAME (IN PRINT):	NAME (IN PRINT):
DAT E :	DAT E :
