



### Alta Newspaper Group LP Pre Authorized Payment Agreement

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 our account in accordance with the rules of Canadian Payments Association (the "CPA").

**INSTRUCTIONS:** Please complete all sections to instruct your Financial Institution to make payments directly from your account. Hand Deliver, Fax, Mail, or Email to the Medicine Hat News.

- 3257 Dunmore Road S.E. – Medicine Hat, AB – T1B 3R2
- Fax 403-528-5696
- [circ@medicinehatnews.com](mailto:circ@medicinehatnews.com)

#### 1. Customer (Account Holder) INFORMATION (please print clearly)

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### 2. Bank Account Information:

Transit #: \_\_\_\_\_ Institution #: \_\_\_\_\_ Account #: \_\_\_\_\_

#### 3. Credit Card Information:

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

#### Frequency and Amount of Debits:

A debit in the electric form in the amount of \$ \_\_\_\_\_ will be drawn on your account as selected.

Add the amount of the debit in the line above that you can find on your **renewal notice**.

**Check the box** below for the frequency of the debits:

1 Month- \_\_\_\_\_ 3 Months- \_\_\_\_\_ 6 Months- \_\_\_\_\_ 1 Year- \_\_\_\_\_

**Accuracy and Changes in Account Information:** By signing this authorization, we certify that all information contained in this form is accurate and we agree to inform the Lethbridge Herald, in writing, of any change in the information provided prior to the next due date of the PAD.

**Recourse / Reimbursement:** We have certain recourse rights if any debit does not comply with this agreement. For example, we 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 our recourse rights, we may contact our Financial Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Cancellation of Agreement:** This authorization may be cancelled at any time upon notice by us to the Lethbridge Herald **30 days** prior to the PAD being issued. A Payor's PAD agreement shall also advise that the Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their Financial Institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

**Pre-Notification waiver:** 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.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Name (please print)