



SCHEDULE "B" PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan

Authorization of the Payor to the Payee to Direct Debit an Account

Instructions:

- 1 Please complete all sections in order to instruct your financial institution to make payments directly from your account.
- 2 Please sign the Terms and Conditions on the reverse side of this document.
- 3 Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
- 4 If you have any questions please contact Commonwealth Holding Co. Ltd. (604.255.3111 or kym@davistrading.com)

PAYOR INFORMATION

Payor Name(s):	
Address:	
Telephone:	
Signature of Payor(s):	Date:

PAYOR FINANCIAL INSTITUTION / BANKING INFORMATION

Branch # (5 Digits)	Institution # (3 digits)	Account #
Name of Financial Institution:		
Branch:		
Branch Address:		
City:	Province:	Postal Code:

PAYEE INFORMATION

Payee Name(s): Commonwealth Holding Co. Ltd.	
Address: 1100 Grant Street, Vancouver, BC V6A 2J6	
Telephone: 604.255.3111	Email: kym@davistrading.com

PAYMENT INFORMATION

Fixed Amount	Your rent amount:	Initial
Occurring at:	Amount will be withdrawn on a monthly basis.	
Occurrence of Withdrawal:	The Payor will withdraw the total value of rent on the 1st Banking Day of Each Month.	

PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan Terms & Conditions

1 In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.

2 I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.

I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution").

I authorize the Financial Institution to honour and pay such debits.

This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.

I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.

3 I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.

This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.

I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at www.cdnpay.ca.

4 I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.

5 I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.

6 (a) I understand that with respect to:

(i) fixed amount Personal PADS occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date (s);

(ii) variable amount Personal PADS occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Paper PAD/15 calendar days for Electronic PADS before the due date of the first Personal PAD; and

(iii) fixed amount and variable amount of every Paper and/or Electronic Personal PADS occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADS as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

7 Upon the return of a pre-authorized payment for reason of "Non-Sufficient Funds" or "Funds Not Cleared", we will re-present the PAD for the same amount as the original debit the following business day. NSF charges of \$30 will apply for any uncollected debits and representments, if applicable.

Signature of Payor

Date