



Pre-Authorized Payment Agreement

1. Customer Information

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|-----------------|------------------|
| Business Name: | NSLC Customer #: |
| Street Address: | Postal Code: |
| City/Town: | Telephone #: |
| Email: | Fax #: |

2. Bank Account Information

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|-------------------------|--------------------------|-----------------|--|--|--|--|--|--|--|--|--------------------------|
| Deposit Account Number: | <input type="text"/> | | | | | | | | | | |
| Branch Transit Number: | <input type="text"/> | | | | | | | | | | |
| Chequing Account | <input type="checkbox"/> | Savings Account | | | | | | | | | <input type="checkbox"/> |
| Bank Name: | <input type="text"/> | | | | | | | | | | |
| Branch Address: | <input type="text"/> | | | | | | | | | | |

Please attach a specimen cheque (which has been marked "VOID") to this authorization.

3. Pre-Authorized Payment (PAP) Authorization and Pre-Notification Waiver

By signing below, you, the Customer, hereby authorize the Nova Scotia Liquor Corporation ("NSLC") to debit the bank account indentified above (the "Account") for payment of all charges/fees arising from the placement by you of an order for NSLC products and services (an "Order"). Debit of the Account for the full amount (including all applicable taxes) of the order will generally take place on the first Monday after the invoice date.

You acknowledge that payments under this PAP Agreement will be for variable amounts as and when required in response to an Order placed by you. You confirm that the debits authorized under this PAP Agreement are for business purposes and that this PAP Agreement is a "Business PAP".

You agree to notify the NSLC, in writing, of any change in the account information provided in this PAP Agreement.

If the bank/financial institution does not honour a PAP due to insufficient funds, the NSLC reserves the right to charge a service fee of \$25.00 to offset additional processing costs.

You, the Customer, hereby waive the right to be notified ten (10) days in advance of any pre-authorized payment withdrawal from the Account. You further acknowledge, understand and consent that notification regarding the pre-authorized payment withdrawal will be given at the time an Order is placed and that the specified amount will be withdrawn from the Account following placement of an Order.

| | |
|--|--|
| _____ Authorized Signatory: | _____ Authorized Signatory (if required): |
| _____ Title: Date: | _____ Title: Date: |



4. Other Information

This authorization may be cancelled at any time by providing written notice to the Nova Scotia Liquor Corporation, which notice shall be effective five (5) business days after receipt. To obtain a sample cancellation form, or for more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this PAP agreement. For example, you have the right to receive reimbursement for any payment that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

CONTACT INFORMATION

When the form is complete, please send to:

Service Excellence Centre
Nova Scotia Liquor Corporation
93 Chain Lake Drive
Halifax, NS B3S 1A3
Tel: (902) 450-5253
Fax: (902) 450-6068
Email: serviceexcellencecentre@mynslc.com

Specimen Cheque

Attach VOID cheque here or to email.