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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 see the Terms and Conditions on page 2.

 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 write or call the Payee.

			Amount:
	vals:	Sporadic Intervals:	whether there is a maximum amount, or indicate N/A if there is no maximum
⊠ □ Yes	Set Intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)		Fixed Amount: (Please specify)
Are top-ups or adjustments permissible? (Please check one)		Occurring at: (Please check one)	Please specify whether the payment is a: (Please check one)
			Payment Information
	Start Date		Service or Utility
11. #	Reference # or Account #	Date	Telephone No.
Postal Code	City/Province	DD MM YYYY	Address ()
	Trust)	A LLP (In	Blane y Mcmucho
	int clearly)	lease type or pr	Payee Information (please type or print clearly)
Postal Code	City/Province		Branch Address
er	91052 001 Line of Credit Account Number	3976-365 Account No.	Branch No. Branch No. Bank of Montreal Name of Financial Institution
Payor Financial Institution/Banking Information (please type or print clearly)	king Information	itution/Ban	Payor Financial Inst
Date	Signature	9	Signature
אאא מם MM אאאץ	Telephone No.	DD MM YYYY 109 104 12013	Telephone No.
	Address		Address
		X 1X6	Toronto ON MHX
	Address	St PH14	225 Wellesley
	Payor Name		Payor Name
•			MRS SAMAR SABBARINI

Personal Pre-Authorized Debit Plan PAYOR 'S PAD AGREEMENT Terms &Conditions

- -In this Agreement ,"I ","me "and "my "refers to each Account Holder who signs below
- N I agree to Bank of Montreal and any successor or assign of the Bank (the "Bank") debiting my account indicated on the reverse (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the reverse and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the reverse (the "Financial Institution") and I authorize the Financial Institution and are provided in consideration of 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
- ω If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply. I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form www.cdnpay.ca.
 This authorization applies only to the method of payment and I agree that cancellation of this authorization does not terminate or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting

or otherwise have any effect on any contract that exists between me and the Bank.

- 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.
- Ch 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
- 0 (a) I understand that with respect to:

6(a)or 6(b)as Delete either

- 3 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 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);
- Ξ 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 content of the debited and the due date of every content of the debited and the due date of every content of the debited and the date of every content of the debited and the date of every content of the debited and the date of every content of the debited and the date of every content of the debited and the date of the date o Personal PAD;and of every
- 3 fixed amount and variable amount 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

OR-

(b) I agree to waive the pre-notification requirements in section 6(a)of this Agreement.

Signature of Payor

where indicated Payor must sign notification, to waive pre-If Payor agrees

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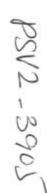
- 00 any change in the Account information provided in this Agreement at least ten (10)business days prior to the next due date of a Personal PAD.In the event of any such change,this Agreement shall continue in respect of any new account to be used I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee in writing of for Personal PADs

signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other

- 9 I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of
- 0 I acknowledge receipt of a copy of this Authorization
- = s'y rattachant soient rédigés et signés en anglais. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English.Les parties conviennent que la présente convention et tous les documents
- 12 reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I have the right to receive

obtain more information on your recourse rights, contact any Branch of the Bank of Montreal or visit www.cdnpay.ca

I have full responsibility to complete this form along with the payee



Payor's PAD Agreement

Personal Pre-Authorized Debit Plan

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

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 1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.

 2. Please see the Terms and Conditions on page 2.

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Payor Information (please type or print clearly)

		99	Sporadic Intervals:	Amount:
	⊠ ∨es	Set Intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)	, 0	 ✓ Fixed Amount: (Please specify) → 13, 245. ✓ Variable Amount: If variable, please specify whether there is a maximum amount, or
Are top-ups or adjustments permissible? (Please check one)	Are top-ups (Please che		Occurring at: (Please check one)	Please specify whether the payment is a: (Please check one)
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ase type or print clearly)	tion (ple	ing Informa	tution/Bank	Payor Financial Institution/Banking Information (please type or print clearly
DD MM YYYY		Address () Telephone No. Signature	DD MM YYYY 09 05 2013	Telephone No.
		Address	1x6 54.14	5 Wellesley St.
		Payor Name		MRS SAMAR SABBARINI Payor Name

Form 3360P (01/2010)

Personal Pre-Authorized Debit Plan PAYOR 'S PAD AGREEMENT Terms &Conditions

- In this Agreement ,"I ","me "and "my "refers to each Account Holder who signs below
- N I agree to Bank of Montreal and any successor or assign of the Bank (the "Bank") debiting my account indicated on the reverse (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the reverse and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the reverse (the "Financial Institution") and I authorize the Financial Institution 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
- ω I may revoke authorization at any time, subject to providing notice to the Bank; this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting www.cdnpay.ca. If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply

or otherwise have any effect on any contract that exists between me and the Bank This authorization applies only to the method of payment and I agree that cancellation of this authorization does not terminate

- 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
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- 3 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 Personal PAD;and
- 3 fixed amount and variable amount 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 is required

OR-

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Signature of Payor

- 7 signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other
- 00 I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee,in writing of any change in the Account information provided in this Agreement at least ten (10)business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
- 9 I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of
- 0 I acknowledge receipt of a copy of this Authorization
- = s'y rattachant soient rédigés et signés en anglais. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English.Les parties conviennent que la présente convention et tous les docume documents
- 12 I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I 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 your recourse rights, contact any Branch of the Bank of Montreal or visit www.cdnpay.ca

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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 see the Terms and Conditions on page 2.

 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 write or call the Payee.

		Form 3360P (01/2010)
	Sporadic Intervals:	re is no maximum
⊠ Yes	Set intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)	 ✓ Fixed Amount: (Please specify) ★15,245,00 □ Variable Amount: If variable, please specify whether there is a maximum amount, or
Are top-ups or adjustments permissible? (Please check one)	Occurring at: (Please check one)	Please specify whether the payment is a: (Please check one)
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Postal Code	City/Province e type or print clearly)	Payee Information (please type or print clearly)
dumber	3976-365 91052 001 Account No. Line of Credit Account Number	35642 001 39 Branch No. Institution No. Acc Bank of Montreal Name of Financial Institution
Payor Financial Institution/Banking Information (please type or print clearly)	tion/Banking Informat	Payor Financial Institut
DD MM YYYY Date	09 0 8 2013 Signature	
	Address	() Telephone No.
	Address	Toronto ON MHX IXE
	H 14 Payor Name	225 Wellesley St P
		MRS SAMAR SABBARINI

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- co If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply. I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form www.cdnpay.ca. or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting

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- (a) I understand that with respect to:

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- 3 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 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);
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OR-

If Payor agrees to waive prenotification, Payor must sign

where indicated

7

Signature of Payor

(b) I agree to waive the pre-notification requirements in section 6(a)of this Agreement

I agree that with respect to Personal PADs,where the payment frequency is sporadic,a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.

- ∞ I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee,in writing,of any change in the Account information provided in this Agreement at least ten (10)business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
- 9 I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of
- l acknowledge receipt of a copy of this Authorization.
- = s'y rattachant soient rédigés et signés en anglais. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English.Les parties conviennent que la présente convention et tous les documents
- 12 I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

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- Instructions:

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			Form 3360P (01/2010)
		Sporadic Intervals:	indicate N/A if there is no maximum Amount:
Yes	Set Intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)	. 0	Fixed Amount: (Please specify) \$\frac{1}{5} \frac{7}{6} \frac{22}{5} \frac{60}{0}\$ Variable Amount: If variable, please specify whether there is a maximum amount, or
Are top-ups or adjustments permissible? (Please check one)	Are (Pie	Occurring at: (Please check one)	Please specify whether the payment is a: (Please check one)
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Postal Code	City/Province t clearly)	lease type or prin	City. Payee Information (please type or print clearly)
er	91052 001 Line of Credit Account Number	3976-365 Account No.	Branch No. Bank of Montreal Name of Financial Institution
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DD MM YYYYY Date	Telephone No. Signature	09 01 2014	Telephone No.
	Address	1×6	Address ()
	Address	F PH 14	Address Wellesley S
	Payor Name		MRS SAMAR SABBARINI Payor Name

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Signature of Payor

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PSV2-3905

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		S.	Sporadic Intervals:	indicate N/A if there is no maximum ount:	indica Amount:
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	Number	91052 001 Line of Credit Account Number	3976-365 Account No.	35642 001 Branch No. Institution No. Bank of Montreal Name of Financial Institution	35642 Branch No. Bank o
type or print clearly)	tion (please	king Informa	itution/Ban	Payor Financial Institution/Banking Information (please type	Pay
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		Payor Name	9	_	Payor Name
•				MRS SAMAR SABBARINI	MRS

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- N I agree to Bank of Montreal and any successor or assign of the Bank (the "Bank") debiting my account indicated on the reverse (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the reverse and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the reverse (the "Financial Institution") and 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.
- ω I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting www.cdnpay.ca. If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply

or otherwise have any effect on any contract that exists between me and the Bank. This authorization applies only to the method of payment and I agree that cancellation of this authorization does not terminate

- 4 Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this
- CT which may be contained in this Agreement to such financial institution 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
- (a) I understand that with respect to:

Delete either 6(a)or 6(b)as

- 3 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 before the due date of the first Person. PAD, and such notice shall be received every time there is a change in the amount or payment date(s); of the first Personal
- 3 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 Personal PAD;and
- 3 fixed amount and variable amount 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 is required

OR-

(b) I agree to waive the pre-notification requirements in section 6(a)of this Agreement

Signature of Payor

If Payor agrees to waive prenotification, Payor must sign where indicated

- 7 that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other
- 00 any change in the Account information provided in this Agreement at least ten (10)business days prior to the next due date of a Personal PAD.In the event of any such change this Agreement shall continue in respect of any new account to be used for Personal PADs. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee,in writing,of

signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account

- 9 I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of
- l acknowledge receipt of a copy of this Authorization
- 1 s'y rattachant soient rédigés et signés en anglais. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English Les parties conviennent que la présente convention et tous les documents
- 12 I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I 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 your recourse rights, contact any Branch of the Bank of Montreal or visit www.cdnpay.ca

I have full responsibility to complete this form along with the payee