ENVERUS Business Automation

Transzap P2P Canada, Inc.
Suite 130 - 115 Quarry Park Road SE
Calgary, Alberta T2C 5G9

PHONE: 1-866-716-6272
EMAIL: workbenchaccounting@enverus.com

ENVERUS WORKBENCH PAYMENT AUTHORIZATION INFORMATION FORM- CANADA

Company Name

Account#

PAYMENT OPTION 1-CUSTOMER CREDIT CARD INFORMATION (VISA AND MASTERCARD ONLY)

Name (As it appears on the card):		
Credit Card Number:		
VISA-MASTERCARD	Postal Code on Credit Card Statement:	Expiry Date:

Authorization to use the same credit card for recurring payment:
I/We/The Company hereby authorize Cortex Business Solutions to process/charge my/our/the Company credit card electronically. Your treatment of each payment shall be the same as if I/we/the Company had issued a cheque authorizing payment of services rendered.

Signature:_____ **Print Name:**_____ **Date:** _____

PAYMENT OPTION 2-CUSTOMER PAYOR FINANCIAL INSTITUTION/ ACCOUNT INFORMATION

Branch Number:	Institution:	Account Number:
Name of Financial Institution:		
Branch:		
Branch Address:		
City / Province:	Postal Code:	Phone:

Please attach for PAD/EFT:

- A sample of your cheque from your Financial Institution marked “VOID"
- The signed Terms and Conditions form along with this form (Page 2).

SUBMISSION OF COMPLETED PAPERWORK CAN BE VIA MAIL. EMAIL OR SCAN.

ENVERUS Business Automation

Transzap P2P Canada, Inc.
Suite 130 - 115 Quarry Park Road SE
Calgary, Alberta T2C 5G9

PHONE: 1-866-716-6272
EMAIL: workbenchaccounting@enverus.com

AUTHORIZATION INFORMATION FOR BUSINESS PRE-AUTHORIZED DEBIT ("PAD")
Authorization of the Payor to Cortex Business Solutions Ltd. to Direct Debit a Customer Account

Standard Terms and Conditions

In this Authorization "we", "our" and "us" refers to the Payor indicated on the attached Authorization information form.

1. **Purpose of debits is Business Pre-Authorized Debit("PAD")**

2. **Notification of amounts:**
Variable amounts: The Company, Cortex Business Solutions Ltd. ("Cortex ") will provide written notice of each amount to be debited on or before the date of each debit.

Cortex and the Payor agree to the above notification requirement s.

Authorized signature of Cortex:

Authorized signature(s) of Payor:

3. **Rights of Dispute:**
We may dispute a debit under the following conditions:
   a. the debit was not drawn in accordance with this Authorization:
   b. this Authorization was revoked or cancelled: or
   c. pre-notification (as set out in paragraph 2 above) was not received.

In order to be reimbursed. we must complete a Declaration Form at the above indicated Financial Institution branch up to and including: 10 calendar days after the date on which the debit in dispute was posted to our account.
We acknowledge that disputes after the above noted time limitations are matters to be resolved solely between us and Cortex.

4. **Terms of Authorization to Debit the Above Account:**
We authorize Cortex to debit the above account a variable amount on the first day of each month for payments payable to Cortex in respect to usage of Cortex products and services for the current month and for any plan usage overages for the prior month.
Our Financial Institution is not required to verify that any debits drawn by Cortex are in accordance with this Authorization or the Agreement made between us and Cortex.
It is acknowledged that in order to revoke this Authorization. we must provide written notice to Cortex. This Authorization may be cancelled at any time upon written notice by us to Cortex. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that our contractual obligations to Cortex are end ed.
We will notify Cortex promptly in writing if there is any change in the above account information.
Any delivery of this Authorization to Cortex constitutes delivery by us to the Financial Institution. It is warranted by us that all persons whose signatures are required to sign on the above account have signed this Authorization. We acknowledge receipt of a signed copy of this Authorization.

Authorized signature(s) of Payor:

Date: