Telephone 780-447-8600 Fax 780-447-8989 www.aglc.ca



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR BUSINESS

	_	VLT	Casino	Tab	le Games		С	anna	bis		(Othe	r			_
1.	Retaile	r Informa	tion													
Reta	ailer's Corporat	e Name			Location/Premi	se Nam	<u> </u>									
					Retailer Numbe	er										
2.	Retaile	r Bank Ac	count Information*													
Fina	ncial Institution	n Name (the	e "Bank")		Branch Nam	e										
	nch Address s informatio	n can be	obtained from your bar	 nk branch.	City, Provinc	e, Posta	l Code	<u>!</u>								
	Bank Numb	er	Transit Number		1		Α	ccount	Numb	er					1]
Each Author With This a longe paym and A The F reimb	debit by the orization to to the respect to the eagreement and er employs the ent between AGLC. The Reference oursement for the eagle of the eagle o	e Bank sha the Bank of the accoun ad the Autl is arrange to the Retal tailer may certain rec r any debit	zes AGLC to debit the a ill be the same as if the constitutes delivery by the tagainst which Pre-Authorization shall remain in ment, for whatever reason ler and AGLC. This agree revoke its authorization a ourse rights if any debit that is not authorized or further information on ri	e undersigne Retailer norized Par full effect on, for receivement door t any time does not ris not con	ned had perso r. The Retaile yments are to until it is revo eipt of payment es not affect for this payment comply with sistent with the	nally is er agre be dra ked or nts from any ot ent met this Ag nis PAD	sued a es to awn. until: m the her co chod, s greem o Agre	such t Retail ontrac subjec ent.	ue (or adva ime ther. T t resp t to po For ex	r orde ince his ag bectir rovidi kamp obtai	er) in writh	favor ten nation nent ods o otice ne Re	of tappor se	AGL the lice olies of ervice 30 da er ha matio	cense only to a sthe on on	or until AGLC no to the method of ween the Retailer AGLC. e right to receive recourse rights, a
H1. T	This authority	is to rema	reby agrees to waive the ain in full effect until such intil the AGLC no longer e	time as th	ne Retailer's li	cense i	s term	ninate	d by t	he A	GLC, o	or the	e Re	taile	r requ	uests termination
Date	d this	_day of	, 20_	_												
	Sign Name		N	ame/Title	: Print Name											
	Sign Name		N	ame/Title	: Print Name											

Bank Account Verification Form to verify Bank Account Signatory/ies is required.



Bank Account Verification Letter

Please complete all the information below and submit this form along with the Preauthorized Payment form (PAD). Please note a representative from the financial institution must stamp this form below to confirm all information is accurate.

Business Account Name:
Bank number (3-digits):
Transit number (5-digits):
Account number:
List of Authorized Signors on account:
Is the Account any one of the above to sign? Yes No
If no, is the Account any two of the above to sign? Yes No

The bank stamp area above must be stamped by a representative at the financial institution to confirm information is accurate.