



## MONTHLY INVESTOR PROGRAM

**YES!** I would like to join the *RightNow Monthly Investor Program*. I authorize RightNow HQ Canada to withdraw my investment on the day indicated of each month from my bank account as indicated below. I realize that I can change or cancel my authorization at any time by contacting RightNow HQ Canada.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone (home): (\_\_\_\_) - \_\_\_\_\_ Phone (cell): (\_\_\_\_) - \_\_\_\_\_

Email: \_\_\_\_\_

I would like my investment to be:

- ☐ \$25/month
- ☐ \$50/month
- ☐ \$100/month
- ☐ Other: \$ \_\_\_\_\_

To be withdrawn on the \_\_\_\_\_ (1-28) day of each month.

*Please complete this form, scan, and email (along with a copy of your void cheque) to: [info@itstartsrighnow.ca](mailto:info@itstartsrighnow.ca)*

*Or complete the form, and along with a copy of your void cheque, mail to:*

*RightNow HQ Canada  
1504-238 Besserer Street  
Ottawa, Ontario  
K1N 6B1  
Canada*

I/We authorize the processing of a PAD through my account as detailed below as per the attached void cheque.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date: YYYY-MM-DD)

This is a:

- ☐ Personal bank account
- ☐ Business bank account

Right Now HQ Canada

**Definitions:**

In this Agreement: "I", "We", "Our", "My", "Me", "Payor" refers to the person signing This Agreement:

Pre-Authorized Debit ("PAD"): means a Pre-Authorized debit payment item in electronic form drawn pursuant to this agreement on my account At my Financial Institution ("FI").

**Operation:**

I/We understand and undertake that:

(a) this authorization is for the benefit of Right Now HQ Canada

("the Company") and my/our Financial Institution ("FI") where I/we have my/our account. My/Our FI agrees to process debits against my/our account in accordance with the rules of the Canadian Payment Association ("CPA"); (b) giving this authorization to the Company is the same as

giving it to my/our FI; (c) my/our FI is not required to verify that the PAD conforms with

my/our authorization; (d) my FI is not required to verify that the purpose of payment to

which this PAD relates has been fulfilled; (e) revoking this authorization does not terminate any contract

between me/us and the Company. My/Our authorization applies only to the method of payment and has no bearing otherwise on the contract.

**Pre-Notification:**

The Company and I/us agree to hereby waive all notification requirements from the Company for variable amount PADs.

**Cancellation:**

I/We may revoke my/our authorization at any time, subject to providing notice of at least 10 days prior to next debit due date. I/We must advise the Company in writing, electronic communication, or by signing the cancellation area below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I/we may contact my /our FI or visit [www.cdnpay.ca](http://www.cdnpay.ca).

## **PAD AGREEMENT**

### **The Account:**

I /We confirm that:

(a) all persons required to sign on my account with my/our FI have signed this agreement;

(b) I/we certify that all of the personal and account information recorded in this Agreement is correct. I/We will inform the Company in writing of any change to such information at least 10 business days prior to the next due date of the PAD.

### **Dispute and Reimbursement:**

I/We have certain recourse rights if any debit does not comply with this Agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our FI or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/we understand that:

(a) I/we may dispute a PAD and may claim for reimbursement if:

i) the PAD was not drawn in accordance with

this Agreement; or ii) the Agreement was revoked; or iii) no Agreement exists between me and the purported payee.

(b) if I/we are claiming reimbursement, I/we must, within 90 calendar days of the date of posting of a Personal PAD or Funds Transfer PAD or 10 business days in the case of a Business PAD, complete a declaration to my/our FI that I/we have a claim for one of the reasons given in the preceding paragraph;

(c) in the case where the declared condition is "no Agreement

exists between me and the purported Payee", I/we may claim reimbursement within 90 calendar days after the posting date on my/our account statement which shows the improperly processed debit;

(d) any claim relating to a PAD which is advanced after the expiry

of the time in the preceding paragraph or any Funds Transfer PADs is strictly a matter between me/us and the Company.

## **CANCELLATION AUTHORIZATION**

### **Authorization to cancel PAD**

Signature\_\_\_\_\_

Date\_\_\_\_\_