RAINY DAY
elements of communication

Phone (204) 272-5000
Fax (204) 975-0554
info@rainyday.ca
400-44 Princess Street
Winnipeg, Manitoba R3B 1K2

Authorization for Payment

1. This Agreement may be signed in ink on paper or electronically. "I" and other first-person pronouns refers to the person or corporation providing this Authorization to "Rainy Day", meaning Rainy Day Software Corp. and/or Dialogue Consulting Group Inc.

2. I authorize my Financial Institution to honour credits to my charge account, or debits to my bank account made as payment for goods or services provided by Rainy Day, and agree that my Financial Institution shall not be required to verify each transaction with me, and that delivery of this Authorization to Rainy Day constitutes delivery by me to my Financial Institution. Each transaction shall be considered binding upon me as if personally signed by me.

3. I may revoke this Authorization at any time by delivering a written notice of revocation to Rainy Day. Since this Authorization applies only to payment, its revocation will not affect the provision of goods or services or my indebtedness for them.

4. I agree that Rainy Day may deliver this Authorization to their financial institution and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.

5. I understand that I will receive ten calendar days prior notice of PAD amounts and dates before the first transaction occurs, and before any change in the amount or dates. Notice may be provided in written or electronic (email) form, and I waive the requirement for Rainy Day to give notice if the transaction or adjustment is in response to a specific instruction given by me (e.g., by telephone or email). Additionally, Rainy Day may bill me for incidental expenses that are directly related to the service, and are directly incurred by my use of the service.

6. I may dispute a transaction by contacting Rainy Day, and if resolution is not made, by providing a signed declaration to my Financial Institution under the following conditions:

(a) the transaction was not drawn in accordance with this Authorization;
(b) this Authorization was revoked; or
(c) any pre-notification required by paragraph 5 was not provided to me.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of the disputed transaction, I must sign a declaration to the effect that either (a), (b), or (c) above took place and present it to my Financial Institution up to and including but not later than sixty (60) calendar days after the date on which the disputed transaction was posted to the Account. I acknowledge that after this sixty (60) day period, I shall resolve any dispute regarding a transaction solely with Rainy Day, and that my Financial Institution shall have no liability to me respecting any such disputed transaction.

7. I certify that all information provided with respect to the Account is accurate and I agree to inform Rainy Day, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a transaction. In the event of any such change, this Authorization shall continue in respect of any new account to be used for transactions.

8. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.

9. I understand and agree to the foregoing terms and conditions.

Executed on behalf of _____ this ____ day of _____, 20___.

_____ _____

Signature of Account Holder(s) Signature of Account Holder(s)

Use this account for (indicate one): RECURRING PAYMENT AMOUNT: $ _____ OR INVOICE #_____

BANK ACCOUNT DEBITS: Where applicable, attach Specimen Cheque if Available, else:

Branch Number	Institution No.	Account Number
Name of Financial Institution		Branch
Branch Address		

CREDIT CARD ACCOUNTS: please provide:

Card Type (circle one): Visa Mastercard Amex	Card Number:	Expiry Date (mm/yy):
CCV Security Number (3 digits):	Card Holder Name:	