



## ACOL<sup>\*</sup> FINANCIAL AGREEMENT

Unisys Canada Inc. ("Unisys"), in regard to the Client Application, its appended Terms and Conditions, Product Description(s) and this Financial Agreement between the Client and the Province(s)/Territory(ies), is hereby requested and authorized by the Client to draw payments periodically in accordance with the provisions of said agreements all as described therein and agreed to by:

Client Name: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
\_\_\_\_\_

the "Client".

Unisys is authorized to draw on the Client's bank account specified below for the purpose of establishing and maintaining a Minimum Balance in the Client Account for the Client's use of the Atlantic Canada On-Line Service (the "ACOL Service") and for the amounts, if any, of any credit card administration fees, NSF or other bank charges incurred as a result of Unisys access to the Client's bank account.

Any outstanding Client Fees or other charges shall be subject to a one percent per month interest charge calculated on a monthly basis (an effective annual rate of twelve point seven percent (12.7%)).

Debits will be processed by the Credit Union Atlantic in paper, electronic or other form and may vary in dollar amount. This Financial Agreement shall commence upon its execution and delivery by the Client to Unisys and debits may be processed from time to time. Although Unisys will provide on-line statements summarizing account transactions to the Client, such debits authorized by this Financial Agreement shall not be contingent upon receipt of such statements by the Client.

The Client acknowledges that the authorization provided by this Financial Agreement will remain in full force and effect until ten (10) days following the receipt by Unisys of advance written notice of its revocation. This authorization may be canceled at any time upon delivery of written notice as described above.

The Client agrees not to request or arrange the return of payments made under this Financial Agreement for any reason whatsoever with the exception of either: (i) debits made more than ten (10) days following receipt of written notification by Unisys of revocation of this Financial Agreement; (ii) debits from the incorrect account or (iii) incorrect debits.

The Client shall notify Unisys of any incorrect charge resulting from any failed use of the ACOL Service within thirty days of such charge being incurred.

The Client hereby represents and warrants that all persons whose signatures are required to sign the Client's bank account have signed this Financial Agreement below, that all persons executing this Financial Agreement on behalf of the Client are duly authorized signing officers and are empowered to enter into such an arrangement and that, upon execution and delivery, this Financial Agreement will constitute a valid obligation binding upon and enforceable against the Client in accordance with its terms.

**Initial Deposit (\$100.00 minimum) amount (to be completed by Client)**

Initial Deposit \$ \_\_\_\_\_

**Low Balance Alert**

You will be alerted that your account balance is down to \$50.00 unless you specify a different amount.

Low Balance Alert preference \$ \_\_\_\_\_

\* ACOL and Atlantic Canada On-Line are registered official marks of the Provinces of New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island.

**Payment Preference** (Please check one in each column and complete the appropriate corresponding Payment Plan Options below.)

<b>Payment Preference</b>	<b>Initial Deposit</b>	<b>Subsequent Payments</b>
Electronic Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Cheque		<input type="checkbox"/>
Cheque or Money Order	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>	<input type="checkbox"/>
Direct Deposit		<input type="checkbox"/>

**PAYMENT PLAN OPTIONS**

**Electronic Funds Transfer Option**

If the Electronic Funds Transfer option has been selected the following information is required.

Maximum transfer amount      \$ \_\_\_\_\_      Top up Account to a maximum of \$ \_\_\_\_\_  
 Minimum Balance amount      \$ \_\_\_\_\_

Complete the following information and include a voided cheque.

Financial Institution Name      \_\_\_\_\_  
 Financial Institution Address      \_\_\_\_\_  
 \_\_\_\_\_  
 Institution Number      \_\_\_\_\_      Branch Number      \_\_\_\_\_      Account Number      \_\_\_\_\_

\_\_\_\_\_  
 (Designated Electronic Funds Transfer Signer Name)

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

**Electronic Cheque Option**

If the Electronic Cheque option has been selected the following information is required.

Maximum cheque amount      \$ \_\_\_\_\_

Complete the following information and include a voided cheque.

Financial Institution Name      \_\_\_\_\_  
 Financial Institution Address      \_\_\_\_\_  
 \_\_\_\_\_  
 Institution Number      \_\_\_\_\_      Branch Number      \_\_\_\_\_      Account Number      \_\_\_\_\_

Number of signatures required for each Electronic Cheque (Must be 1 or 2)      \_\_\_\_\_

\_\_\_\_\_  
 (Designated Electronic Cheque Signer Name)

\_\_\_\_\_  
 (Designated Electronic Cheque Signer Name)

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

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

\_\_\_\_\_  
 (Append list if additional names are to be authorized)

If **Cheque or Money Order option** has been selected, forward cheque or money order payable to Unisys Canada Inc. and addressed to:

Unisys Canada Inc.  
P.O. Box 204  
Halifax, NS B3J 2M4

If **Credit Card option** has been selected the following information is required. Please note that if the Credit Card Option has been selected as your subsequent payment preference, any credit card administration fees will be applied against your account.

**Credit Card**  
**(Min. amount \$ 100.00)**

Visa       MasterCard       American Express

Credit Card Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

If **Direct Deposit option** has been selected for subsequent top up of your account, the Business Office will contact you regarding the process required to send deposits directly to the ACOL Financial Institution.

Agreed to on behalf of Client

**Authorized Signature:**

**Authorized Signature:**

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

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

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Accepted by:

**Unisys Canada Inc.**

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

\_\_\_\_\_  
(Date)