

**NUNAVUT BUSINESS CREDIT CORPORATION  
PRE-AUTHORIZED DEBIT AUTHORIZATION**

Financial Institution			Borrower Company		
Name			Name		
Fin. Inst. # - Branch Transit # - Bank Accounts			NBCC Accounts		
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone	Fax		Phone	Fax	
Account Manager			Finance Manager		

1. In this Authorization, "I", "me", and "my" refer to each Authorized Signatory who has signed below.
2. I authorize Nunavut Business Credit Corporation ("NBCC") and the above financial institution branch ("Financial Institution") to debit my above account ("Account") in paper, electronic, or other form ("Pre-Authorized Debit") for enabling NBCC to obtain payment of all amounts which shall from time to time become due and payable by me under the contract(s) that exists between me and NBCC.
3. I agree that the Financial Institution is not required at any time to verify the amount, frequency, and fulfillment of purpose of any Pre-Authorized Debit.
4. I warrant that all persons, whose signatures are registered with the Financial Institution to sign on any document of the Account, have signed this Pre-Authorized Debit.
5. I agree to pay the prevailing service charge if any Pre-Authorized Debit is returned for any reason whatsoever.
6. I will immediately inform NBCC, in writing, of any change in Account information provided in this Authorization.
7. I may revoke this Authorization by delivering a one month written notice of revocation to NBCC. I agree that the revocation of this Authorization does not terminate any contract that exists between me and NBCC.
8. I acknowledge that this constitutes delivery by me to the Financial Institution.
9. I fully understand and agree to the foregoing terms and acknowledge the receipt of a copy of this Authorization.

Sr	Full Name of Authorized Signatory	Authorized Signature	Date Signed
1.			
2.			
3.			

**MANDATORY: PLEASE ATTACH AN ORIGINAL BLANK CHEQUE MARKED "VOID" BELOW**