



**Business Pre-Authorized Debit
Terms and Conditions Agreement
Cannabis Direct Delivery Program**

In this agreement:

“the biller” refers to “Her Majesty the Queen in the Province of British Columbia as represented by the BC Liquor Distribution Branch (BCLDB), the Administrator of the [BC Cannabis Distribution Act](#);

“the payor” refers to the Licensed Producer, as defined in the Supply Agreement (as defined below) and account holder in the pre-authorized payment application;

“the Program” refers to the biller’s program for direct delivery of non-medical cannabis from participating federal license holders to one or more authorized or licensed cannabis retail stores; and

“the Supply Agreement” refers to the Licensed Producer Supply Agreement for Non-Medical Cannabis entered into between the biller and the payor.

The payor acknowledges and understands:

1. That this authorization is provided for the benefit of the biller and its financial institution, and is provided in consideration of the payor arranging for and the payor’s financial institution agreeing to process debits (PADs) against the bank account as indicated in the pre-authorized payment application and in accordance with the rules of [Payments Canada](#).
2. That a signature, password, security code or signature equivalent will be used and will constitute valid authorization for the:
 - a. debiting of amounts pursuant to weekly sales reporting as required in the Supply Agreement or an equivalent submission of an order for the purchase of goods; and
 - b. processing financial institution to debit the payor’s account as provided in the pre-authorized payment application.
3. This authority will remain in effect until the biller has received written communication from the payor of cancellation, changes to the account information or email address as provided in this registration.
4. The payor may cancel this PAD agreement at any time with written notification to the biller. Written notification of changes or cancellation must be received at least 10 business days prior to the next order or withdrawal. Notification must be sent to the address provided below. A sample cancellation form or more information on the payor’s right to cancel a PAD Agreement can be obtained at the payor’s financial institution or by visiting www.payments.ca. The payor acknowledges that, should the payor cancel this PAD agreement but maintain participation in the Program and otherwise wish the Supply Agreement to continue, alternative payment arrangements will be required.

5. That cancellation of this PAD agreement by the payor or the biller:
 - a. will not cancel the Supply Agreement or registration in the Program; and
 - b. does not cancel any contract for goods, or any amount owed.
6. **The biller notification of enrollment or cancellation of this Pre-Authorized Debit Agreement to the Payor is being reduced from 15 calendar days to 10 calendar days in accordance with the H1 rule of Payments Canada. Notification will be delivered electronically to the payor's email address as provided in the registration process.**
7. The payor has certain recourse rights if any debit does not comply with the terms of this business PAD agreement. For example, the right to receive reimbursement for any PAD that is not authorized or is not consistent with terms and conditions of this PAD Agreement. To obtain a form for reimbursement or for more information on recourse rights, contact the payor's financial institution or visit www.payments.ca
8. Any payment dishonoured by the payor's financial institution may result in a dishonored banking instrument service fee, as prescribed by the [Minister of Finance](#), being applied to the payor's wholesale cannabis account. The biller is not responsible for any additional service fees charged by the payor's financial institution.
9. The amount and frequency of the withdrawal is dependent on sales report timing and the value of the payor's direct delivery transactions pursuant to the Program requirements (whether under the Supply Agreement or as set out in related registration materials) as may be adjusted from time to time.
10. **The standard 10 calendar day pre-notification period for the sporadic and variable pre-authorized withdrawals will be shortened to 1-2 business days.**
11. The biller will provide PAD pre-notification, 1 – 2 business days prior to the withdrawal date. This notification will confirm the amount and date of the pre-authorized withdrawal; will provide a list of all invoices and credits for Program sales and other account adjustments. Communication will be delivered electronically to the payor's email address as provided in the registration process.
12. Any communication sent by the biller to the email address as provided will be deemed to have been received by the payor.
13. The payor's financial institution is not responsible for verifying whether payment has been issued in accordance with the particulars of this agreement.

Payor Authorization:

I have read, understood and agree to the terms and conditions of the Pre-Authorized Debit Terms and Conditions for the Program.

I confirm that I am an authorized representative for the payor and authorized signatory on the account to be debited under this agreement.

I authorize the biller to withdraw funds from the bank account as indicated in the above application as per the terms and conditions of this agreement.

Page 2 of 4

BC Liquor Distribution Branch
Attn: Finance Wholesale – C&PA
3383 Gilmore Way, Burnaby BC V5G 4S1
Phone: 604-775-0535
Email: cpad@bclddb.com

Dated

I agree, to the above terms and conditions and have authority to bind, and am accordingly duly authorized to sign on behalf of, the relevant Program participant in respect of these terms and conditions:

Signature

Name/Title

Business Information

Legal Business Name: _____

Establishment Name: _____

Business License Number: _____

Health Canada License Number: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Business Contact Name: _____

Phone Number: _____ Email: _____

Payment Contact Name: _____

Phone Number: _____ Email: _____

Bank Account Information

Either:

- 1. Attached a void cheque (recommend) and leave the section below blank, OR
- 2. Fill out the section below and obtain verification from your financial institution as indicated:

FINANCIAL INSTITUTION VERIFICATION – Provide Financial Institution stamp and representative signature to ensure account information accuracy *Not required if void cheque is attached*	
SIGNATURE AND BANK STAMP	
	DATE SIGNED YYYY /MM/ DD

Financial Institution Name: _____

Financial Institution Number: _____

Transit Number: _____

Account Number: _____

Branch Address: _____

Authorization for Payment

Signature(s): (Ensure this agreement is signed by an authorized signatory, or signatories if required)

Signature	Printed Name	Date

Signature	Printed Name	Date