



Rivetly Inc.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Rivetly Inc. and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Rivetly Account. Rivetly Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Rivetly Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Rivetly Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

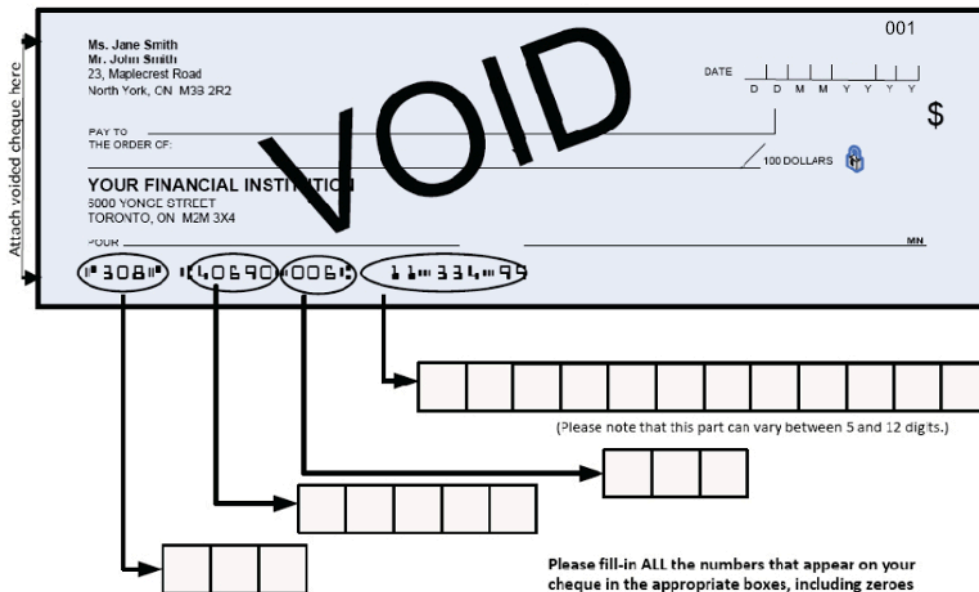
PLEASE PRINT

DATE: _____

Legal Company Name:		Rivetly Account Number(optional):	
Authorized Name(s):			
Type of Service: Personal ____		Business ____	
Address:			
City/Town:	Province:	Postal Code:	
Phone Number:		(Mobile)	

Authorized Signature(s): _____

Attach your voided cheque here



Please send the completed form and void cheque by email at eft@giftandy.com
by fax at (888) 861-0626 or by mail at 500 King Street W, suite 300, Toronto, Ontario M5V 1L9.