



Saputo Dairy Products Canada G. P.

Payor's Pre-Authorized Debits (PADs) Agreement Rule H1

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

I/we authorize Saputo Dairy Products Canada G. P. (Saputo), and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions in respect of all amounts required for the purposes of the payment of all charges arising under my/our Saputo account(s), as such charges will be detailed in the statements of account issued from time to time by Saputo and provided to me/us either via email, fax or mail. The pre-authorized debits approved hereunder will be debited following the issuance of the said statements of account by Saputo.

This authority is to remain in effect until Saputo 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.

Saputo 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 the 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

I/We, mutually, waive the reception of any prior notice whatsoever with regards to the amounts to be debited and/or the due dates of debiting of any of the PADs authorized hereunder.

ANY RETURNED ITEMS SHALL BE SUBJECT TO A "PROCESSING FEE".

PLEASE PRINT

Saputo Account Number: _____ Type of Service: Personal Business

Legal Company Name: _____

Operating As: _____

Address: _____

City/Town: _____ Province _____ Postal Code: _____

Phone Number: (Bus) _____ (Fax) _____ (Res) _____

Email Address: _____

Payment **Start Date**: _____

Financial Institution (FI): _____

FI Transit Number: _____ - _____ FI Account Number: _____
(Branch - 5 digits; FI - 3 digits)

Address: _____

City/Town: _____ Province _____ Postal Code: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

(Please attach a blank cheque marked "VOID" to Payee and include your Company name and full mailing address)

Saputo Dairy Products Canada G. P.

Attention: Accounts Receivable Department

2365, chemin de la Côte-de-Liesse, St-Laurent, QC, H4N 2M7

Tel: 1-844-524-3732 - Fax: 1-844-861-6126 - Email Address: arcreditmtl@saputo.com