Cangive.ca
Shopping Network

Cangive Electronic Payment Service Application Form

1. Customer Information *(Please print Clearly and complete all fields)*

Name: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Residence Tel #: _____ Alternate Tel #: _____ Cangive Account Number: _____

2. Bank Account Information *(Please include all digits including zeros)*

Account Number: | | | | | | | | | | | | |

Branch Transit Number: | | | | | |

Financial Institution Number: | | | |

3. Pre-Authorized Debit (PAD) Details *(If more than one signature is required for the account, all must sign)*

I (we) authorize the Cangive (the parent company of Gift Card Canada) to debit my (our) specified account as indicated on the attached "VOID" cheque for individual and/or recurring payments authorized by me (us). These payments will be requested by me (us) when I (we) make purchases while signed into my (our) Gift Card Canada account using a password, which I (we) will keep confidential.

This authority is to remain in effect until Cangive has received written notification from me/us of its change or termination. This notification must be received at least ten (15) 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.

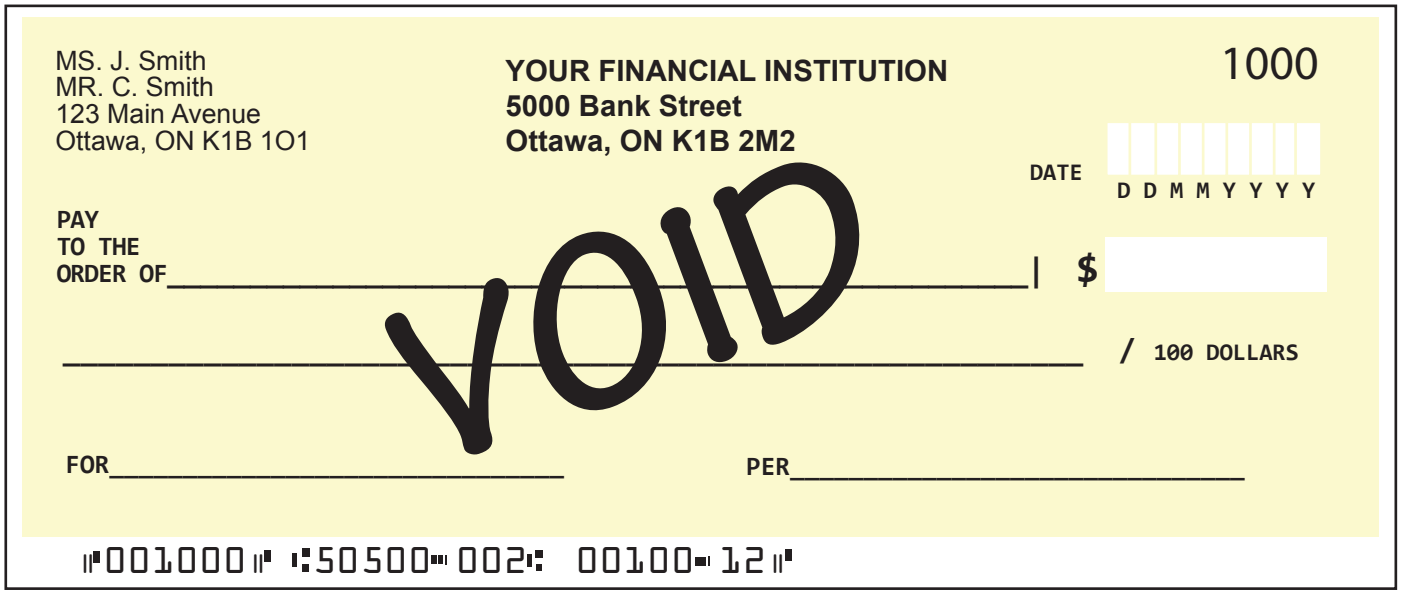
Type of purchase: Personal _____ Business _____

Signature # 1: _____ Date: _____

Signature # 2: _____ Date: _____

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.

4. Attach Your Void Cheque Here



5. Send Completed Form To Cangive

Please mail the completed form to Cangive at PO Box 47088 Ottawa, ON K1B 5P9 or fax to 613-424-6597.