Buckingham Business Pre-Authorized Debit (PAD) Agreement

For use by approved food banks and eligible organizations subscribing to Buckingham's Canada-wide verified food bank supply program. This form authorizes Buckingham Home Inc. / Buckingham Food to issue Business PADs to the payor's Canadian bank account for approved subscription shipments.

Important

This authorization is intended for Canadian bank accounts held at participating Canadian financial institutions, including banks, credit unions, and other financial institutions that support PAD processing. A void cheque or direct deposit form should be attached.

1. Payee Information - Buckingham

Payee legal name: Buckingham Home Inc.

Program / trade name: Buckingham Food

Payee contact email: info@buckinghamfood.com

Payee phone:

Payee address: 26-2359 Royal Windsor Drive, Mississauga, ON L5J 4S9, Canada

2. Payor / Food Bank Organization

Food bank / organization name

Legal registered name

Charity / nonprofit registration number

Province

Main service area

Primary contact name

Title

Email

Phone

Extension

Cell number

Accounts payable email

Additional notification emails

Delivery address for subscription shipments

3. Payor Bank Account Information

Bank / financial institution name

Branch address (optional)

Institution number (3 digits)

Transit number (5 digits)

Account number

Name on account / account holder

Account type (chequing recommended)

☐ Void cheque attached ☐ Direct deposit form attached ☐ Bank letter attached

The payor confirms that the bank account information provided is accurate and that the account permits pre-authorized debit transactions. Buckingham may request updated banking documentation if account information changes or if a debit is returned.

4. PAD Type, Amount, Frequency, and Notice

☒ Business PAD ☐ Personal PAD

Purpose of PAD
Payment for approved subscription shipments, including rice, chickpeas, mixed product subscriptions, and any other approved staple food supply subscriptions under Buckingham's Verified Food Bank Supply Program.

Amount
Variable amount. Each debit will equal the amount due for an approved subscription shipment, based on the product option(s), quantity, frequency, and pricing approved by Buckingham and the payor. The approved online application, Buckingham approval email, and shipment/debit notice form part of this authorization.

Frequency and Timing
Recurring PADs may be issued weekly, bi-weekly, monthly, or according to multiple active subscription lines selected by the payor and approved by Buckingham. A debit will be scheduled after a shipment is dispatched. Buckingham's intended debit timing is 3 days after shipment dispatch, or the next available banking day if required by banking processing rules.

Shipment and Debit Notice
After each shipment is dispatched, Buckingham will send email notice to the payor's listed contacts. The notice will include the product shipped, quantity, courier, tracking number, amount to be debited, and scheduled debit date.

☐ I/We agree to receive shipment/debit notice by email.

☐ I/We agree to reduce or waive the standard 10-day pre-notification period for variable amount PADs and accept 3 days' notice after shipment dispatch before the debit is processed.

5. Approved Subscription Lines

Complete this section if known at signing. If left blank, the approved online application and Buckingham approval email will confirm active subscription lines before any PAD is processed.

Product option	Frequency	Units	Price per shipment

This PAD authorization is not a commitment to ship until Buckingham reviews the application, confirms details with the applicant, and approves the subscription. First delivery is expected approximately 2 weeks after Buckingham approval and final confirmation.

6. Authorization

I/We authorize Buckingham Home Inc. / Buckingham Food to issue Business Pre-Authorized Debits against the bank account provided in this agreement for approved subscription shipments under the Buckingham Verified Food Bank Supply Program.

I/We authorize the financial institution identified in this agreement, or any other financial institution that holds the payor account, to debit the account according to this authorization. I/We confirm that all persons whose signatures are required to authorize transactions on the account have signed this agreement.

I/We acknowledge that delivery of this authorization to Buckingham constitutes delivery by me/us to the financial institution holding the account. I/We understand that the financial institution is not required to verify that a PAD has been issued in accordance with this agreement.

I/We agree to notify Buckingham in writing of any change to the bank account information, contact emails, or authorization status at least 10 business days before the next scheduled debit whenever possible.

7. Cancellation, Returned Debits, and Recourse

This authorization may be cancelled by the payor at any time by providing written notice to Buckingham at info@buckinghamfood.com. Buckingham requests 30 calendar days' notice to process cancellation or banking changes. Cancellation of this PAD authorization does not cancel any underlying subscription agreement, shipment obligation, or amount owing to Buckingham.

If a debit is returned for non-sufficient funds, closed account, stop payment, incorrect account information, or any other reason, Buckingham may contact the payor to arrange payment and may pause shipments until the account is brought current.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

For Business PADs, reimbursement claims for incorrect or unauthorized PADs are generally subject to the business PAD timelines and requirements of the payor's financial institution and Payments Canada Rule H1.

8. Signatures

☐ I/We confirm that this is a Business PAD authorization and that the signatory/signatories below are authorized to bind the organization and authorize debits from the account listed above.

Authorized Signer 1

Name _____ Title _____ Signature _____ Date _____

Email _____ Phone _____ Extension _____ Cell _____

Authorized Signer 2 (if required by the account)

Name _____ Title _____ Signature _____ Date _____

Email _____ Phone _____ Extension _____ Cell _____

9. Buckingham Internal Use Only

Application ID _____ Reviewed by _____ Approval date _____ First scheduled shipment _____

ScotiaConnect payment group _____ PAD record verified by _____ Verification date _____

☐ Void cheque / direct deposit form verified ☐ PAD details entered in platform