Schedule "B"
PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Authorization of the Payor to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

PAYOR INFORMATION (Please type or print clearly)

Payor Name(s):	
Address:	
Telephone:	
Signature of Payor(s):	**Date:**

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type or print clearly)

Branch Number	**Institution #**	**Account Number**
Name of Financial Institution		
Branch		
Branch Address		
City/Province		**Postal Code**

PAYEE INFORMATION (Please type or print clearly)

Payee Name(s):	**SILO WIRELESS INC.**
Address:	**P.O. Box 162** **Burford, ON N0E 1A0**
Telephone:	**519-449-5656 ext 602**

PAYMENT INFORMATION (Please type or print clearly)

Please specify whether the payment is a:	Ø	**Fixed Amount: (Please specify)** _____
	O	**Variable Amount: If variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount:** _____
Occuring at:	Ø	**Set intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)** **1st of every month.**
	O	**Sporadic intervals**