

**PRE-AUTHORIZED PAYMENT PLAN - PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"**

ENERCAN is hereby authorized to periodically draw payment under the Pre-Authorized Payment Plan from the bank account as per the attached void cheque for monthly regular recurring payments and/or one time payments from time to time, for payment of all charges arising under my/our ENERCAN account(s). Regular monthly payments for the full amount of services delivered will be debited from my/our specified account on the 20th day of each month to cover monthly utility (electricity) costs and other amounts due under this agreement. Tenant/owner will notify ENERCAN in writing of any changes in account information prior to the debit due date. ENERCAN will provide 10 days' notice of the amount of each regular debit. ENERCAN will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until ENERCAN 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.

PLEASE PRINT DATE _____ ENERCAN Acct # _____

PRINT NAME(s) _____

Type of Service: Personal _____ Business _____

Address _____ City/Town _____ Province _____

Postal Code _____ Phone Number (Bus) _____ (Res) _____

Financial Institution (FI) _____

FI Account Number _____ FI Transit Number _____

Address _____ City/Town _____

Province _____ Postal Code _____

Authorized Cheque Signer(s) _____

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

The person(s) signing this PAD have certain recourse rights if any debit does not comply with this agreement. For example, they 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 their recourse right, they may contract their financial institution or visit www.cdnpay.ca.