PROVIDENT energy management

ELECTRICITY METERING CONNECTION FORM FOR SUITE OWNERS

ALL SECTIONS OF THIS FORM MUST BE FILLED IN TO ENSURE PROPER CONNECTION.

Service Address: _____

Suite Number: _____

Registered Owner's name: _____

Address (if Absentee owner): _____

_____

Contact Phone Numbers: Home: _____

Work: _____

Cell: _____

Date of Closing: _____

Purchaser's Law Firm: _____

Lawyer's Name: _____

Address of Law Firm: _____

Phone #: _____ Fax #: _____

Signature: _____

Date: _____

Please fax this form to: Provident Energy Management Inc.
416-736-4923

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PRE-AUTHORIZED CHEQUING PLAN FORM

With Pre-Authorized Chequing from Provident Energy Management Inc., your Bill is automatically paid from your chequing account. You will continue to receive a regular invoice but instead of writing a cheque, we simply deduct the amount owing from your account on the due date of the invoice.

Complete this form, **include a "voided" cheque** (DO NOT USE A LINE OF CREDIT ACCOUNT) and send by mail to; Provident Energy Management Inc., 100 Supertest Road, North York, Ontario, M3J 2M2 or by fax to 416-736-4923.

Any outstanding amounts must be paid in full first.
Fill in *all* sections to ensure proper set up on Pre-Authorized Payment Plan.

Service Location: _____

Customer Number: _____

Day Time Telephone # _____

Yes ☐ I have enclosed a "Voided" Cheque and hereby authorize my financial institution to debit my account in the name of Provident Energy Management Inc.

Dated this ____ day of _____, 200___.

For joint accounts, all account holders must sign if more than one signature is required on cheques issued or drawn against the Account.

_____	_____
Print Name of Account Holder	**Print** Name of Account Holder
_____	_____
Signature of Account Holder	**Signature** of Account Holder

PLACE VOID CHEQUE HERE

Pre-Authorized Payment Plan does not work with Line of Credit Accounts.

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ELECTRICITY METERING DISCONNECTION FORM FOR SUITE OWNERS

ALL SECTIONS OF THIS FORM MUST BE FILLED IN TO ENSURE PROPER DISCONNECTION.

Service Address: _____

Suite Number: _____

Seller's name: _____

Forwarding Address for Final Bill: _____

_____

Contact Phone Numbers: Home: _____

Work: _____ Cell: _____

Date of Closing: _____

New owner name as per Purchase and Sale Agreement:

_____

Seller's Law Firm: _____

Lawyer's Name: _____

Address of Law Firm: _____

Phone #: _____ Fax #: _____

Signature: _____

Date: _____

Please fax this form to: **Provident Energy Management Inc.**
416-736-4923 (F)
416-736-0630 (T)