



Pre-Authorized Debit Agreement (PAD)

1. Customer Information: (Please Print Clearly)

Name: _____ Frew Energy Acct#: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

2. Bank Account/Credit Card Information:

Type of Account: Chequing ___ Savings ___ Visa ___ MasterCard ___ American Express ___

Credit Card # _____ Expiry _____ CVD# _____

Deposit Account #: _____ Branch Transit #: _____

Financial Institution # _____ Financial Institution Name: _____

Branch Address: _____

3. a) Pre-authorized Debit (PAD) Details for 10 Month Equal Billing (September to July)

____ You the Payor authorize Frew Energy to debit the bank account or credit card number identified above for monthly recurring payments (and/or one time payments from time to time) in the amount of \$_____ on the (choose one) 1st _____ 16th _____ 27th _____ (or the next business day) (this amount is subject to change with each new season with 30 days written notice to the Payor)

OR

3. b) Pre-authorized Debit (PAD) Details for Full Balance Customers

____ You the Payor authorize Frew Energy to begin deductions as per my/our instructions for monthly regular recurring payments and/or one time payments from time to time for payment of all charges arising under my Frew Energy account on our payment due date of the 27th of the month following charges (or the next business day).

These services are for (choose one) Personal ___ or Business Use ___

You the Payor may revoke your authorization at anytime by phone with written confirmation subject to providing notice of 10 business days prior to next withdrawal. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

Name: _____ Date: _____

Name: _____ Date: _____

(Please Print)

(Please Print)

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 debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse and other PAD Agreement rights, contact your financial institution or visit www.cdnpay.ca

Please mail or fax completed form to: Frew Energy - 3993 Keele St. - Toronto, Ontario M3J 1X6
Fax: 416-461-6598 Phone: 416-461-0991 or 1-800-387-6231