



Pre-Authorized Debits – Pay or PAD Agreement

Attention: Customer Service Billing Department

PO Box 96 Don Mills, Don Mills, Ontario, M3C 2R6 Monday to Friday 9 a.m. to 5 p.m.
 Tel.:416.238.5423 • Toll Free: 1 844.238.5423 email: billing@alexianenergy.com

I (we) hereby authorize Alexian Energy Services Inc., and the financial institution designated (or any other financial institution I (we) may authorize at any time) 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 (our) Alexian Energy Services Inc. account(s). Regular monthly payments for the full services delivered will be debited to my (our) specified account on the due date, as specified on each monthly billing. Alexian Energy Services Inc. will obtain my (our) authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Alexian Energy Services Inc. has received written notification from me (us) of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address provided above. 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. Alexian Energy Services Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) business days prior written notices to me (us).

I (we) have certain recourse rights if any debit does not comply with this Agreement. For example, I (we) 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 Reimbursement Claim, or for more information on my (our) recourse rights, I (we) may contact our financial institution or visit www.cdnpay.ca

ACCOUNT HOLDERS NAME(S):		INTERNAL USE:	
SERVICE ADDRESS:			
CONTACT INFORMATION: (PHONE, FAX OR EMAIL):			
NAME OF FINANCIAL INSTITUTION:		FINANCIAL INSTITUTION – BRANCH/TRANSIT NUMBER (five digits):	
FINANCIAL INSTITUTION – ID NUMBER (three digits):		FINANCIAL INSTITUTION – ACCOUNT NUMBER:	
FINANCIAL INSTITUTION – ADDRESS:			
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Chequing		Type of Service: <input type="checkbox"/> Personal <input type="checkbox"/> Business	

All Account Holders Signature(s)

Date Signed

NOTE: To ensure accuracy, please attach a copy of your cheque marked “VOID” to this form and return to Alexian Energy Services Inc.