



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Clean Cut Energy Corp. (CCE) 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 bi-monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our CCE account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 20th day of each month. CCE will provide 10 days written notice of the amount of each regular debit. CCE will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until CCE 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.

CCE may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice 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 and 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 my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Account Holder Name(s): _____

Condominium Unit Number: _____ Type of Service: Personal _____ Business _____

Billing Address:

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

Account Number: _____ FI Transit Number: _____

(Alternatively you may provide a void check along with this form for account setup) (Transit -5 digits; FI – 3 digits)

7@Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Clean Cut Energy Corp.
PO Box: 25008
17-370 Stone Rd. West
Guelph, ON N1G 4T4
Tel: (226) 780-0284 ext. 2
E-mail: billing@cleancutenergy.ca