



**Please complete the Pre-Authorized Debit (PAD) Plan agreement below
and return to Clean Cut Energy**

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 10 days prior to the due date each billing month. CCE will provide a minimum of 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 provide a copy of a void cheque or PAD form from your bank to billing@cleancutenergy.ca or mail to 17-370 Stone Road West, PO Box 25008, Guelph ON, N1G 4T4

Please complete the below form (please print)

Date: _____
Account Holder Name(s): _____

Billing Address:

Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone Number: (Bus.) _____ (Res.) _____
Email: _____

Authorized Signature(s): _____