



PRE-AUTHORIZED DEBIT AGREEMENT

CUSTOMER INFORMATION

Please Print Name

REA ACCOUNT # _____

Address: _____
Street

City, Province, Postal Code

Telephone

PRE-AUTHORIZED DEBIT (PAD)

I hereby authorize Wild Rose Rural Electrification Association Limited the debiting of my monthly account payable by method of Electronic Funds Transfer on the 20th day of each month beginning _____ 20, 20__.

These services are for (check one)

Personal use

Business use

I, the payor, may revoke this authorization at any time, subject to providing ten (10) working day's notice.

BANKING INFORMATION

Bank Route # _____ Bank Transit # _____ Account # _____
(All numbers must be provided)

Name of Bank: _____

Bank Address: _____
Street

City, Province

Postal Code

*** If the debit is from a chequing account, please attach a VOID cheque***

I have certain recourse rights if any debits does not comply with this agreement. For example, I 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 a Reimbursement Claim, or for more information on my recourse rights, contact your financial institution or visit www.cdnpay.ca.

Account holder signature

Date of signature

PAYEE CONTACT INFORMATION

Wild Rose Rural Electrification Association Limited

Name

Box 5150, Westlock, AB T7P 2P4

Address, City, AB, Postal Code

780-349-3655

Telephone