



PRE-AUTHORIZED DEBIT (PAD) PLAN AUTHORIZATION FORM

Please complete this form and return to Clean Cut Energy along with Bank Account Information

****Note: This form must be completed by the Payor (bank account holder)****

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 regular monthly recurring payments of all charges, varying in amount, arising under my/our CCE account(s) associated with utility submetering services; including those itemized on invoices, balance transfers and services fees. Regular monthly payments for the full amount of charges owing on account, varying in amount, will be debited to my/our specified account up to ten (10) business days prior to the due date each billing month.

CCE will provide a minimum of 10 days written pre-notification of debit via email of the amount and date of each debit. I/we agree to provide an active email to receive this and other important notifications regarding PAD payment. Should I/we not provide an active email address, I/we hereby waive receipt of debit pre-notification.

This authority is to remain in effect until services have been cancelled and all charges have been billed or CCE has received written notification from me/us of its change or termination, whichever precedes. Notification of termination must be received at least thirty (30) days before the next regular monthly debit is scheduled. Written notice of cancellation of PAD payment is to be provided to either billing@cleancutenergy.ca or mail to: 17-370 Stone Road West, PO Box 25008, Guelph ON, N1G 4T4. Completion of a CCE account closure request form does not constitute a PAD payment termination notice; deductions will continue until all charges for services have been billed and paid, which will extend past the date of account closure. Upon confirmation of payment of all charges incurred for services rendered, CCE will terminate PAD payment on account. I/we may obtain a sample PAD cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca. CCE may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 30 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 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/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

Notification of changes to banking information must be received at least thirty (30) days before the next regular monthly debit is scheduled. Written notice of the change of PAD payment is to be provided to either billing@cleancutenergy.ca or mail to: 17-370 Stone Road West, PO Box 25008, Guelph ON, N1G 4T4. This form must be resubmitted along with the new banking information.

Any questions regarding PAD payment procedures and policies including matters related to personal privacy and information security can be directed to:

Clean Cut Energy Corp.
17-370 Stone Road West
PO Box 25008
Guelph ON, N1G 4T4
(Phone) 226-780-0284 x 3
(Toll Free): 1-800-758-1482
(Fax) 226-780-0285

Please provide a copy of a void cheque or PAD form from your bank along with this completed form to the following:

New Customers:
welcome@cleancutenergy.ca or
mail to: 17-370 Stone Road West, PO Box 25008, Guelph ON, N1G 4T4

Existing Customers:
billing@cleancutenergy.ca or
mail to: 17-370 Stone Road West, PO Box 25008, Guelph ON, N1G 4T4

****Note:** If you have recently been issued a bill, the **deadline for adding PAD payment is the 15th day of the month in which the bill was issued.** If PAD is provided after the 15th, a manual payment is required through your bank. PAD will be added to the account for payment of future bills**

Please complete the below authorization form (please print)

Payor Name: _____ Personal or Business Account: _____

Address: _____ City/Town: _____ Province: _____

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

Email: _____

CCE Account Number *or* New Account Request Number: _____

Service Address: _____ City/Town: _____ Province: _____

Postal Code: _____

Please confirm if you are making payment on an account which is not in your name (yes /no) _____

If yes, please provide account holder's name(s): _____

Authorized Signature: _____ Date: _____