



**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 20<sup>th</sup> 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](http://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](http://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)*

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

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