



Payor's Pre-Authorized Debit Agreement ■ False Creek Fuels Ltd. (FCFL)

I/we authorize **False Creek Fuels Ltd. (FCFL)** 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account(s). Regular bi-monthly payments for the full amount of products and services delivered will be debited to my/our specified account on the on the ~1st day and ~16th day of each month. **FCFL** will obtain my/our authorization for any other one-time or sporadic debits.

Frequency and Amount Of Debits: A debit, in paper, electronic or other form for variable amounts billed to my credit account at FCFL, with a reasonable latitude for adjustments and in no case to exceed \$ _____, may be drawn on my/our specified account _____ (frequency: Weekly/Monthly/Bi-monthly/sporadic) beginning _____. Annual top-ups or adjustments are/not permitted. If payments are sporadic, I/we agree to cooperate with the Payor to pre-authorize the processing of each and every PAD against my/our account whether authorized verbally or electronically, by use of a password, secret code or such other signature equivalent, as the parties shall agree to constitute valid authorization.

Pre-Notification Waiver: I/We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

Payor Signature (#1)

Payor Signature (#2)

This authority is to remain in effect until **FCFL** 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.

FCFL 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.

CUSTOMER INFORMATION (Please Print Clearly)

Name(s) Exactly as is on file with your Financial Institution		Date (mm/dd/yyyy)	Type of Account <input type="checkbox"/> Personal <input type="checkbox"/> Business	
Your Address		City	Province	Postal Code
Business Phone #	Cell Phone #	Email Address		

BANK ACCOUNT INFORMATION (Please Print Clearly)

Name of your Financial Institution	Account Number	Transit # (5 digits)	Institution # (3 digits)	
Branch Address	City	Province	Postal Code	
Authorized Signature (#1)		Authorized Signature (#2 if required)		