

Pre-Authorized Debits (PADs) Plan Agreement

Payer's PAD Agreement/Authorization



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Blazer Water Systems Ltd., 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 Blazer Water Systems Ltd. account (s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account of the 25th day of each month. Blazer Water Systems Ltd. will provide 20 days written notice of the amount of each regular debit. Blazer Water Systems Ltd. will obtain my/our authorization for any other one-time sporadic debits that are not related to metered or monthly flat fee usage, interest, Fees.

This authority is to remain in effect until Blazer Water Systems Ltd. has received written notification from me/us of it's change or termination. This notification must be received at least (15) 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.

Blazer Water Systems Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 15 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 ant PAD that is not authorized or is not in consent 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 our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Name(s): _____

Name(s): _____ **Type of Service:** Personal _____ Business _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number(s): (Bus) _____ (Res) _____ (Cell) _____ (Cell 2) _____

Service Address(If different then mailing address: _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(branch - 5 digits; FI - 3 digits)

Address: _____

City/Town _____ Province: _____ Postal Code _____

Authorized Signatures: _____

Authorized Signatures: _____

(If account requires 2 signatures both must sign this form)

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHEQUE MARKED "VOID"

#104, 122 17th Avenue SE Calgary, AB T2G 1H2

Office : (403) 475-0067 Fax : (403) 269-9109

Email : billing@blazerwatersystemsLtd.ca Website : www.blazerwatersystemsLtd.ca