



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

I/we authorize Cougar Fuels 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 Cougar Fuels Ltd. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 27th day of each month. Cougar Fuels Ltd. will provide 10 days written notice of the amount of each regular debit. Cougar Fuels Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Cougar Fuels Ltd. 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.

Cougar Fuels Ltd., 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 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.cdnpay.ca

Please Print

Date: _____

Name(s): _____ Cougar Fuels Ltd Customer #: _____
Type of Service: Personal _____ Business _____

Address: _____

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

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

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____
(branch -5 digits; FI – 3 digits)

Address: _____

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

Authorized Signature(S): _____

Cougar Fuels Ltd.
Attention: Accounts Receivable Department
5602 – 54 Avenue
Bonnyville, AB
T9N 2N3
Tel: (780)-826-3043
Fax: (780)-826-3040
E-mail: cashcontrol@cougarfuelsltd.ca





PRE-AUTHORIZED DEBIT CANCELLATION NOTICE

TO: COUGAR FUELS LTD
5602-54 Avenue,
Bonnyville, Alberta
T9N 2N3

Phone: 780-826-3043
Fax: 780-826-3040
email: cashcontrol@cougarfuelsltd.ca

DATE: _____

I/We, _____, cancel my/our authorization to issue (*Personal, Business, Funds Transfer or Cash Management*) pre-authorized debits in the amount of (*amount*) against my/our account number _____ effective on _____. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signed: _____
Payor/Valid Signing Authority(ies)

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.

Note: Please note that the CPA cannot cancel a PAD Agreement. All cancellation requests must be submitted directly to the Payee with whom you have established a PAD Agreement. It is advisable to notify the Payee in writing and keep a record of the cancellation request.

Subject to the terms of any agreement between a Payor and Payee including their Payer's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, Internet, e-mail, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement.

