

WELLINGTON NORTH POWER INC.

P.O. Box 359, 290 Queen Street, West
Mount Forest, Ontario N0G 2L0
(519) 323-1710 or fax (519) 323-2425
wnp@wellingtonnorthpower.com

Pre-Authorized Debit (PAD) Agreement

I/We authorize Wellington North Power Inc., 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 Wellington North Power Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the date under "1.5% Interest After". Wellington North Power Inc. will provide your bill as 10 days written notice of the amount of each regular debit. Wellington North Power Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Wellington North Power Inc. 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 Wellington North Power Inc., 290 Queen Street West, PO Box 359, Mount Forest, ON N0G 2L0. 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.

Wellington North Power Inc. 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.

Customer Information (please print clearly)

Type of Service: Personal: _____ or Business: _____

Name(s) _____ Utility Account #: _____

Mailing Address: _____ Customer #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cycle #: _____

Financial Institution (FI) Information

Bank Account Number: _____ Branch Transit Number: _____

Financial Institution Number: _____

Financial Institution: Name: _____

Branch Address: _____

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the Pre-Authorized Debit agreement.

Authorized Signature(s): _____ Date: _____