



Payor Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____

Cool Creek Energy Ltd. Account Number: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information (Please Print Clearly)

Account Number: _____

Branch Transit Number: _____

Financial Institution Number: _____ Chequing Account Savings Account

Financial Institution Name: _____

Branch Address: _____

3. Pre – Authorized Debit (PAD) Details (Please Print Clearly)

You, the Payor, authorize Cool Creek Energy Ltd. to debit the bank account identified above for the variable amount, based on your billing cycle with Cool Creek Energy Ltd.

These services are for (check one only) Personal Business Use

You, the Payor, may revoke your authorization at any time. If you wish to cancel your PAD, please contact Cool Creek Energy to acquire the proper cancelation paperwork.

Signature of Account Holder: _____	Signature of Joint Account Holder (if applicable): _____
Name: (Please Print) _____	Name: (Please Print) _____
Date: _____	Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.ednpay.ca

When the form is complete, mail, email or fax to:

Cool Creek Energy Ltd.
 455 Dene Drive
 Kamloops, BC
 V2H 1J1
 Email: ar@coolcreek.ca
 Fax: 250-372-3743