

Pre-Authorized Debit (PAD) Plan Agreement

I/We authorize Maritime Electric, and the financial institution designated, to begin deductions as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Maritime Electric Account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account. Maritime Electric will send a notice identifying the amount and due date of each PAD at least 10 days before each debit.

Maritime Electric will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Maritime Electric has received notification of its termination or written notice from me/us of its change. This notification must be received at least (10) business days before the next debit is scheduled at the address provided. 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.

Maritime Electric 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 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.

See reverse to enroll today.



Customer Pre-Authorization Payment Plan Enrollment Form

Account Holder's Name _____

Maritime Electric Account # | | | | | - | | | | | - | | | | |

Address _____ City/Town _____ Province _____ Postal Code _____

Telephone Number (residence) | | | | - | | | | - | | | | | (business) | | | | - | | | | - | | | | |

Payment Start Date Immediately Next Payment Period Type of Service: PAD Utility Payment Personal Business

Please provide the following Banking information. If a chequing account, include a voided cheque.

Financial Institution (FI) _____ FI Bank ID (3 digits) _____

FI Account Number _____ FI Transit Number (5 digits) _____

Address _____ City/Town _____ Province _____ Postal Code _____

Authorized Signature

Authorized Signature

Date

Complete this form and mail to:
Maritime Electric

PO Box 1328, Charlottetown, PE, C1A 7N2
Telephone: 1-800-670-1012