



PRE-AUTHORIZED DEBIT AGREEMENT
PAYOR'S PAD AGREEMENT

Account holder name and account number

Form with fields: Last and first name(s) of account holder(s), Telephone No., Address (street, city, province), Postal code, The name of the financial institution where the account is located, Institution No., Transit No., Account No. (with check digit).

Payee - Contact Information

Form with fields: Name of organization (Cooperative Hydro Embrun Inc), c/o or e-mail address, Address (street, city, province) (821 Notre-Dame Suite 200, Embrun, ON), Postal code (K0A 1W1), Telephone No. (613-443-5110).

Withdrawal authorization

Text block containing withdrawal authorization details, including frequency options (weekly, every 2 weeks, twice monthly, monthly, other), amount type (variable or fixed), service type (personal/individual PAD or business PAD), waiver options, and change or cancellation information.

Reimbursement

Text block detailing reimbursement rights, including conditions for reimbursement, time limits (90 days for Personal PAD, 10 business days for Business PAD), and acknowledgment of claim procedure.

Consent to disclosure of information

Text block stating consent to the disclosure of information contained in the pre-authorized debit enrolment agreement to the financial institution.

Signature of account holder (s)

Form for signatures and dates, including fields for Signature of account holder, Date (dd/mm/yyyy), and Signature of a second account holder (Only if two signatures are required).

IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization.