

**CENTRAL ALBERTA REA
PRE-AUTHORIZED DEBIT APPLICATION FORM**

YES! I would like to save time and money with the monthly pre-authorized debit service.

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

I/we authorize the Central Alberta Rural Electrification Association Ltd. and the financial institution indicated on my VOID cheque (or any other financial institution I/We may authorize at any time) to begin withdrawals as per my/our instructions for monthly regular recurring payments of all charges arising under my/our Central Alberta Rural Electrification Association Ltd. account(s). **Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 25th day of each month.** Central Alberta Rural Electrification Association Ltd. will provide a minimum of 10 days written notice of the amount of each regular debit. Central Alberta Rural Electrification Association Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Central Alberta Rural Electrification Association Ltd. Inc. has received written notification from me/us of its change or termination or until the "FINAL BILL" is paid in full. 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.

Central Alberta Rural Electrification Association 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 information below and attach a VOID cheque to this form.

REA Account Number: _____ . _____ Date: _____

Member Name(s): _____

Member Address: _____

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

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

Financial Institution (FI) Information:

FI Name: _____

FI Account Number: _____ FI Transit Number: _____ - _____

FI Address: _____

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

Authorized Signature(s): _____

CAREA
(BOX 6199) 5803 42 ST
INNISFAIL AB T4G 1S8
Telephone: (403) 227-4011 Toll Free: 1-888-211-4011
Fax: (403) 227-1007