



Attention: Customer Service Billing Department
 132 Walsh Road, Lindsay, ON K9V 4R3
 Phone: 888-298-3336 – Fax: 866-577-1224 - Email: info@carmabillingservices.com

Pre-Authorized Debits – Payor PAD Agreement

I (we) hereby authorize Carma Billing Services 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) Carma Billing Services Inc. account(s). Regular monthly payments for the full services delivered will be debited to my (our) specified account on the due date, as specified on each monthly billing. Carma Billing Services Inc. will obtain my (our) authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Carma Billing Services Inc. has received written notification from me (us) of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address provided above. 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.

Carma Billing Services Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) business days prior written notices 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 Reimbursement Claim, or for more information on my (our) recourse rights, I (we) may contact our financial institution or visit www.cdnpay.ca.

Name (s)	Carma Billing Services Inc. Account Number
	Account Number Will Be Assigned by Carma
Service Address	
Contact Information: Phone, Fax or Email	

My Financial Institution Name	Branch Number (five digits)
Financial Institution Account Number	Financial Institution Transit Number (three digits)
Address	
Type of Account	
<input type="checkbox"/> Savings (SAV) <input type="checkbox"/> Chequing (PCA)	
Date (yyy/mm/dd)	All Account Holder Signature(s)

NOTE: To ensure accuracy, please attach a copy of your cheque marked “VOID” to this form and return to Carma Billing Services Inc.

PLEASE COMPLETE ALL APPLICABLE FIELDS IN ORDER FOR ENROLLMENT TO BE PROCESSED

ACCOUNT NAME	SURNAME		GIVEN NAME	
ADDRESS	STREET NO.		UNIT NO.	
	STREET NAME		CITY	POSTAL CODE
MAILING ADDRESS IF OTHER THAN ABOVE	STREET NO.		UNIT NO.	
	STREET NAME		CITY	POSTAL CODE
CONTACT INFO	HOME		WORK	EXT
	MOBILE		E-MAIL	

PRIVACY STATEMENT: All information submitted through this process will only be used by Carma Billing Services Inc., CARMA, in support of our obligations under the Agreement entered into with the Developer, Condominium Corporation and/or Building Owner. Our billing format and practices follow the guidelines of applicable Ontario Energy Board Codes and Rules, associated policies, standards and procedures. Carma Billing Services Inc. ("CARMA") is pleased to be your provider of electricity billing and collection services. To provide you with a reliable source of billing, CARMA needs to collect and use certain personal information about you. As of January 1, 2004 the federal legislation protecting your privacy requires that CARMA obtain your consent to collect, use and disclose your personal information for identified purposes. We invite you to read the following carefully to understand our policies and practices with respect to personal information. The nature of personal information we collect may include: Information we receive from you such as your name, address, contact information and general financial, credit and reference information; Facts about your historical and current consumption of power; Information about your transactions with us, such as meter number, account number, account balances, payment history, and account activity; Identifying information, such as phone number. CARMA uses the information we collect for the following purposes: To provide you with continuous electric service and to bill you for that service; To assist us in the collection of accounts; To respond to your inquiries about energy use and billing; To prevent fraud with respect to both you and our company; To meet legal and regulatory requirements. It may be necessary to share your billing and consumption information with third party billing and settlement agencies. Your information may also be disclosed or shared with other agencies or organizations as required by law, regulation or our Agreement with the Developer, Condominium Corporation and/or Building Owner. By signing below, indicates you have read and understood this statement by CARMA regarding the collection, use and disclosure of my personal information, and I hereby consent to have CARMA collect and use my personal information for the purposes stated above.

<p>CUSTOMER POSSESSION DATE</p> <p>_____</p> <p>MM/DD/YYYY</p> <p style="text-align: center;">OR</p> <p>CUSTOMER MOVE-IN DATE</p> <p>_____</p> <p>MM/DD/YYYY</p>	<p>"We, the undersigned, Customer (being the Owner(s) and/or Resident(s)) of the above noted Condominium Unit(s) acknowledge and agree: (1) to have read and understood CARMA's Conditions of Service, (2) to be fully responsible for the payment and to promptly pay prior to the due date each month of the full amount due and payable for utility services and consumption (including any applicable taxes) supplied to our Unit(s) for such period; (3) upon our default or failure to promptly pay, CARMA shall have the right to disconnect the utility services to our Unit(s); and (4) we will be responsible for and shall indemnify and hold harmless CARMA, its officers, directors, employees and representatives from and against all and any claims (i) arising as a result of the failure to provide utilities to our Unit(s) occurring for any reason whatsoever unless attributable to the negligence of CARMA; and (ii) arising as a result of CARMA's disconnecting or failing to reconnect the utility services, unless attributable to the negligence of CARMA."</p> <p>I confirm that the information provided above is true.</p> <p>X _____ DATE: _____</p> <p style="text-align: center;">CUSTOMER (OWNER/RESIDENT) SIGNATURE</p>
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PLEASE COMPLETE, SIGN, DATE AND FAX TO CARMA BILLING SERVICES INC. AT 1-866-577-1224

FOR INTERNAL OFFICE USE ONLY:

Security Deposit Required YES NO Amount Required: _____