

Make paying your natural gas bill **easier** ▶ sign up for our

Pre-authorized Payment Plan



Gazifère
Une société ENBRIDGE

It's simple and practical

When you sign up for our Pre-Authorized Payment Plan (PAP), you will continue receiving your monthly bill. It will state the amount that will be taken directly from your bank account. The withdrawals will be made every month on the due date indicated on your bill.

Join now. There's no charge!

- Fill out the enclosed authorization agreement form below;
- Attach an unsigned "void" cheque;
- Send the form and cheque to Gazifère, either by fax to 819 776-8827 or by regular mail to:

**706, Gréber Boulevard
Gatineau (Quebec)
J8V 3P8**

A note will appear on your bill stating that your PAP registration has been activated. Until you see that note, please continue paying your bill as you are doing now.

Program terms and conditions

- The customer's bank account is, and must continue to be, free of any encumbrances and restrictions while the automatic withdrawal authorization is in effect;
- The customer recognizes that he/she must maintain sufficient funds in the bank account concerned to cover the amount of the bill on the due date and, where necessary, pay any late payment charges;
- If there are not sufficient funds in the account or the amount required to pay the bill cannot be withdrawn, late payment charges will automatically be applied;
- The customer attests that the signature or signatures on the registration form is/are the one(s) required to debit the bank account concerned;
- The customer attests that the information on the authorization form is correct and that he/she will notify Gazifère as soon as possible of any changes to the bank account;
- The customer may cancel this authorization at no charge at any time, but he/she recognizes that cancellation in no way terminates gas delivery or his/her obligations with respect to the service contract with Gazifère. The customer is still required to pay any previous, current or future bills.

Authorization Agreement for the Pre-Authorized Payment Plan

Name _____ Account N° _____
Street _____ City _____ Province _____
Tel. (Work) _____ (Res.) _____ Postal Code _____

I (hereinafter referred to as "the customer") accept the conditions stated herein and authorize Gazifère and the financial institution named herein to make the monthly withdrawals required to pay my Gazifère account.

Savings Account

Chequing Account

Joing Account

Financial Inst. _____ Account N° _____
Street _____ City _____
Province _____ Postal Code _____

This authorization remains in effect until Gazifère receives notification of cancellation from me giving it a reasonable period of time to cancel my membership in the Program, or until Gazifère provides written confirmation of cancellation.

The customer acknowledges receipt of the authorization and agrees to respect its terms and conditions. Date _____

Authorized signatures * _____

* Note: If withdrawals are to be made from an account requiring more than one signature, all authorized persons must sign the automatic withdrawal authorization.