

Burner Service

- Certified technicians Annual Tune-Up Ensures Optimal Performance

Pre-Authorized Debit or Credit Card Payment Agreement

Customer Information: (Please Print Clearly)

Name: _____ Foxton Fuels Ltd Acct#: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Bank Account/Credit Card Information: Type of Account: Chequing ___ Savings ___

Visa ___ MasterCard ___ Credit Card _____ Expiry _____

Deposit Account #: _____ Branch Transit #: _____

Financial Institution # _____ Financial Institution Name: _____

Branch Address: _____

Pre-authorized Debit (PAD)

Details for 10 Month Equal Billing (September to July) _____ You the Payor authorize Foxton Fuels Ltd to debit the bank account or credit card number identified above for monthly recurring payments (and/or one time payments from time to time) in the amount of \$ _____ on the (choose one) 1st _____ 15th _____ 25th _____ (or the next business day) (this amount is subject to change with each new season with 30 days written notice to the Payor) OR

b) Pre-authorized Debit (PAD) Details for Full Balance Customers _____ You the Payor authorize Foxton Fuels Ltd 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 Foxton Fuels Ltd account on our payment due date of the 15th or 25th of the month following charges (or the next business day). These services are for (choose one) Personal _____ or Business Use _____ You the Payor may revoke your authorization at anytime by phone with written confirmation subject to providing notice of 10 business days prior to next withdrawal. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: Signature of Joint Account Holder (if applicable)

Date: _____ Name: _____ (Please Print)

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse and other PAD Agreement rights, contact your financial institution or visit www.cdnpay.ca

Please mail or fax completed form to: Foxtan Fuels Ltd – Box 630, Wingham, Ontario, N0G 2W0. Phone 519 357 2664 Pre-Authorized Debit Agreement (PAD)