



PRE-AUTHORIZED DEBIT AGREEMENT

I/we authorize Rocky View Water Co-op Ltd., 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 quarterly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Rocky View Water Co-op Ltd. account(s). Regular quarterly payments for the full amount of services delivered will be debited to my/our specified account on the 30th day of the month following the billing date. Rocky View Water Co-op Ltd. will provide 10 days written notice of the amount of each regular debit. Rocky View Water Co-op Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Rocky View Water Co-op Ltd. has received written notification from me/us of its change or termination. 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.

Rocky View Water Co-op 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

MEMBER INFORMATION (PLEASE PRINT)

Proper Name(s) of Member(s): _____ Member Number: _____
Mailing Address: _____ Email Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Type of service: Personal _____ Business _____

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____ Branch: _____
Mailing Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Financial Institution Number: _____ Branch Number: _____ Account Number _____

AUTHORIZING SIGNATURES

DATE CHEQUE SIGNING SIGNATURE SECOND CHEQUE SIGNING SIGNATURE

ATTACH SAMPLE CHEQUE MARKED VOID

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25145 Burma Road, Calgary, AB T3R 1B8

Email: rvwater@rvwater.ca
Web Site: www.rvwater.ca

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Fax: 403-241-3897