



PRE-AUTHORIZED PAYMENT AGREEMENT

Please complete and return this form with a void cheque to Metergy Solutions by mail, fax or email.

Fields marked with an asterisk (*) are required.

The following pre-authorized payment agreement must be completed by the primary Metergy Solutions Inc. account holder.

PART A: CLIENT INFORMATION					
Primary Account Holder:		First Name*:	Middle Name:	Last Name*:	
Primary Phone:		Secondary Phone:		Email:	
Service Address*: Number, Street Name, Unit Number			City*:	Province*:	Postal Code*:
Mailing Address: (If different from above) Number, Street Name, Unit Number			City:	Province:	Postal Code:
PART B: BANKING INFORMATION					
Entity Name*:					
Financial Institution*:			Financial Institution Number*: (3 digits)		
Transit (Branch Number)*: (5 digits)			Bank Account Number*: (7 or more digits)		
PART C: TERMS OF AGREEMENT					
<p>I authorize Metergy Solutions Inc. and its affiliates and agents (collectively, "Metergy") and the financial institution designated herein (or any other financial institution I may authorize at any time) to begin debits, as per my instructions, for monthly regular variable recurring payments and/or one-time payments from time to time, for payment of all charges arising under my Metergy account(s). Regular variable monthly payments for the full amount of the services delivered will be debited from my specified account on the due date and in the amount indicated on the Metergy monthly bill. Metergy will issue regular monthly bills with a due date being twenty (20) days after the bill creation date. Metergy will obtain my authorization for any other one-time or sporadic debits.</p> <p>I may change or revoke my authorization at any time, subject to providing notice to Metergy at least thirty (30) days before the next debit is scheduled. To obtain a sample cancellation form, or further information on my right to cancel a Pre-authorized Debit ("PAD") Agreement, I may contact my financial institution or visit www.payments.ca.</p> <p>Metergy may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me. I understand and acknowledge that this agreement solely governs the method of payment for charges arising under my Metergy account. Cancellation of this agreement does not constitute cancellation of services by Metergy nor in any way affect my obligation to pay for any and all charges associated with my Metergy account. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.</p>					
Authorized Signature for business** accounts*:					Date*:

** I have the authority to bind the corporation.

Please complete and return this form with a void cheque to Metergy Solutions by mail, fax or email.

Mail: Metergy Solutions Inc.
8133 Warden Ave Suite 601
Markham, ON, L6G 1B3

Fax: 1-416-649-1900

Email: ClientCare@metergysolutions.com

The information collected on this form is for the sole purpose of providing our customers with sub-metering services and for the collection of our customer accounts. A copy of the Metergy Privacy Policy is available at www.MetergySolutions.com or can be obtained by contacting your dedicated Client Success Manager or ClientCare@metergysolutions.com.