

PRE-AUTHORIZED DEBIT AGREEMENT

ENMAX Energy Corporation

ENMAX Commercial Energy Marketing Inc.

PRE-AUTHORIZED DEBIT (PAD) APPLICATION – SERVICE TYPE: BUSINESS

Please complete this PAD Agreement and e-mail or fax it back to have your account(s) set up on automatic payment withdrawal. If we receive this PAD Agreement less than five (5) days before the next invoice is scheduled, the Pre-Authorized Debits will begin the following billing cycle.

ENMAX Energy Corporation or Fax: (403) 514-1718

Commercial Customer Care Team

141 - 50 Ave SE, Calgary, AB T2G 4S7

Tel (403) 514-2199

E-mail: business@enmax.com

AUTHORIZATION:

I/We authorize ENMAX Energy Corporation, or ENMAX Commercial Energy Marketing Inc. as applicable ("ENMAX Energy") 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 ENMAX Energy account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the monthly invoiced due date. ENMAX Energy will provide at least 10 days written notice of the amount and date of each regular debit. ENMAX Energy will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until ENMAX Energy 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 contact information provided above, otherwise the change/termination will be processed for the following billing cycle. I/We may obtain a sample cancellation form or more information on my/our right to cancel a Pre-Authorized Payment Agreement at my/our financial institution or by visiting www.cdnpay.ca.

ENMAX Energy may not assign this authorization, whether by operation of law, change of control or otherwise, without providing at least (ten) 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 Pre-Authorized Debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Customer Information:

COMPANY NAME	ENMAX ENERGY ACCOUNT NUMBER(S)		
BILLING ADDRESS	CITY/TOWN	PROV.	POSTAL CODE
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT EMAIL	
AUTHORIZED SIGNATURE(S)	DATE		

Bank Information (please attach a void cheque):

FINANCIAL INSTITUTION NAME	ACCOUNT NUMBER (7-12 DIGITS)	INSTITUTION NUMBER (3 DIGITS)	BRANCH NUMBER (5 DIGITS)	
ADDRESS	CITY/TOWN	PROV.	POSTAL CODE	

The information gathered and retained is protected under the *Personal Information Protection Act (Alberta)* and will only be used in accordance with the provisions of ENMAX's Privacy Commitment which can be viewed at <https://www.enmax.com/legal/privacy>. If you have any questions or concerns about the collection of your personal information, please contact the ENMAX Privacy Manager at 403-514-3000.



™ ENMAX Corporation