Gazifère
Une société **ENBRIDGE**

Simplify the payment of your invoice, **join our**

Pre-authorized Payment Plan

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!**

1 Fill out the enclosed authorization agreement form below;

2 Attach an unsigned **"void" cheque**;

3 Send the form and cheque to Gazifère, either by fax to 819 776-8827, by e-mail to info@gazifere.com or by regular mail to: **706, Gréber Boulevard, Gatineau (Quebec) J8V 3P8**

4 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

1 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;

2 If there are not sufficient funds in the account or the amount required to pay the bill cannot be withdrawn, late payment charges will automatically be applied;

3 The customer may cancel this authorization at no charge at any time. The customer is still required to pay any previous, current or future bills.

AUTHORIZATION AGREEMENT FOR THE PRE-AUTHORIZED PAYMENT PLAN

Name _____

Address _____

Phone # _____

Gazifère Account N° (20 digits) _____

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. 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.

_____
Authorized Signature

_____
Date