



**PRE-AUTHORIZED DEBIT (PAD)
AGREEMENT ENROLMENT
FORM**

Physical Address: 2950 Jutland Road
Victoria, BC V8T 5K2
Mailing Address: PO Box 9331
Stn Prov Govt, B.C. V8W 9N3
Phone: (250) 419-4400
Fax: (250) 419-4403
Email: finance@bc-er.ca

Date Received

FOR INSTRUCTIONS REFER TO THE APPLICATION MANAGEMENT SYSTEM (AMS) PAYMENT QUICK REFERENCE GUIDES.

THIS IS AN AUDITABLE DOCUMENT

All completed forms must be submitted to the BC Energy Regulator via email to: finance@bc-er.ca or by mail to the Victoria office at: PO Box 9331 Stn Prov Govt, Victoria, B.C. V8W 9N3, and Attention: Finance Department.

APPLICANT INFORMATION

A

Company Name:

Company Address:

City:

Province:

Postal Code:

Contact Name:

Contact Telephone Number:

Contact Email:

General Finance Email:

APPLICANT BANK ACCOUNT INFORMATION

B

Bank Name:

Bank Address:

City:

Province:

Postal Code:

Bank Account Number:

--	--	--	--	--	--	--	--	--	--

Transit Number:

--	--	--	--	--

Institution Number:

--	--	--

Company Executive Authorization designating ePay Financial Admin Attached: ☐ Yes

Void Cheque Attached: ☐ Yes (matching account information above)

PRE-AUTHORIZED DEBIT (PAD) DETAILS

C

Your PAD agreement may be cancelled provided notice is received 15 days before the next scheduled PAD.

_____, (company name), authorizes the BC Energy Regulator to debit the bank account identified above as applicable based on invoices as agreed upon through the E-PAY system (the PAD agreement).

These PAD services are for business use.

☐ Selecting this box and signing this agreement it confirms that you are the **ePay Financial Admin** of this bank account and all information on this form is correct.

I _____ hereby attest that the information contained herein is true and correct:

(Print Name of ePay Financial Admin)

AUTHORIZED SIGNATORY OF ACCOUNT

DATE (YYYY/MM/DD)

☐ Selecting this box signing this agreement it confirms that you are the **Joint ePay Financial Admin** (if applicable) of this bank account and all information on this form is correct.

I _____ hereby attest that the information contained herein is true and correct:

(Print Name of ePay Joint Financial Admin)

AUTHORIZED SIGNATORY OF ACCOUNT

DATE (YYYY/MM/DD)

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 this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnipay.ca.