



Priority Submetering Solutions Inc.  
1465 Pickering Parkway, Ste. 100  
Pickering, ON, L1V 7G7  
Phone: 1-866-836-3837  
info@prioritymeter.com

## Pre-Authorized Debit Plan (PAD)

### How To Join:

1. Complete and sign the enrollment/authorization form below.
2. Attach your blank cheque marked "VOID" or a letter from your financial institution providing your bank account information for the account that is to be debited.
3. Scan and email the required documents to info@prioritymeter.com, OR mail to 1465 Pickering Pkwy, Ste. 100, Pickering, ON, L1V 7G7

**NOTE:** Existing customers are required to clear their current Priority Account balance before PAD information may be processed. Direct withdrawal will take effect for the next billing cycle. Please allow 3-4 business days for processing.

### Select one of the following:

- Apply for Pre-Authorized Debit Plan                       Change information on my existing plan
- Remove me from Pre-Authorized Debit Plan

### Personal Information

Customer Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Service Address (Street No. & Name, Unit No.) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Priority Account No. (if known) \_\_\_\_\_

### Banking Information

Name of Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Transit/Branch	Institution	Account Number
----------------	-------------	----------------

**Note: Enter all numbers located on the bottom of your chequing/saving account and please email OR mail in a copy of a Void Cheque or a letter from your Financial Institution indicating your account information.**

I (We) hereby authorize Priority Submetering Solutions Inc. to automatically withdraw from the designated bank account my regular monthly payments to Priority Submetering Solutions Inc. I (we) have reviewed the Terms & Conditions found on the second page of this form, prior to signing this Authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_  
Month/Day/Year

**NOTE: If the information provided above is NOT correct, and the application is rejected by the bank, you will be charged a \$25.00 administration fee.** The above authorization may be terminated at any time by the customer or by Priority Submetering Solutions Inc., subject to the Terms & Conditions below. Upon such termination any balance due must be paid to Priority Submetering Solutions inc. For Priority's Conditions of Service & Privacy Policy please visit [www.prioritymeter.com](http://www.prioritymeter.com).

## Priority Submetering Solutions Inc. (PRIORITY) Pre-Authorized Debit (PAD) Terms and Conditions

1. I (We) acknowledge that this Pre-Authorized Debit Agreement ("PAD Agreement") is provided to authorize Priority Submetering Solutions Inc. ("PRIORITY") and its financial institution to process debits against my account in accordance with the Rules of the Canadian Payments Association.
2. I (We) represent and warrant that all persons whose signatures are required to sign on the designated bank account have signed this agreement.
3. I (We) may revoke my (our) authorization at any time, subject to providing notice of 7 days. To obtain a sample cancellation form, or for more information on my (our) right to cancel a PAD Agreement, I (we) may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
4. 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 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 financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
5. I (We) agree to waive the 10 calendar day pre-notification of the date and the amount of the first Pre-Authorized Debit to be debited from my (our) account designated above. PRIORITY and I (we) mutually agree to waive the 10 calendar day pre-notification requirement of any change in the amount of a Pre-Authorized Debit, including any changes to the amount of the Pre-Authorized Debit due to changes in the applicable tax rate, top-up or other adjustment.
6. I (We) understand that the amounts debited from my (our) account may vary each month based on my energy consumption and in accordance with the terms of my agreements with PRIORITY.
7. I (We) undertake to inform PRIORITY, in writing, of any change in the account information provided in this authorization prior to the next payment date of the Pre-Authorized Debit.
8. I (We) acknowledge that the financial institution of PRIORITY is not required to verify or validate that a Pre-Authorized Debit has been issued in accordance with the particulars of my PAD Agreement.
9. Revocation of this PAD Agreement does not terminate any contract for goods or services that exists between me and PRIORITY. The PAD Agreement applies only to my method of payment and does not otherwise have any bearing on our contract(s) for goods or services.
10. Pre-Authorized Debit will be processed on a monthly basis in accordance with PRIORITY's regular billing cycle and will be based on the amount stated on my (our) current invoice. If alternate payments are made, I (we) agree that my (our) account will still be debited the full amount listed on my (our) invoice, pursuant to this PAD Agreement.

### Cheque Diagram

