1. Customer Information (Please Print)

Name: **Telephone Number:**

Western Petroleum Account Number:

Street Address:

City: **Province:**   **Postal Code:**

2. Bank Account Information

Deposit Account Number: **Branch Transit Number:**

Financial Institution Number: **Chequing Account**   **Savings Account**

Financial Institution: **Name:**

        _____

        Branch Address:

        _____

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize Western Petroleum to debit the bank account identified above for **balance** or **budget amount** $ on the **20th** or **last day** of every month or the next business day. Please circle which day you would like your payment to come out of your account.

These services are for (check one)   **Personal**   **Business Use**

You the Payor may revoke your authorization at any time in writing or by phone subject to providing notice of 15 days. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: **Signature of Joint Account Holder (If applicable):**

_____   _____

Name: **Name:**

_____   _____

(Please Print)   **(Please Print)**

Date: **Date:**

_____   _____

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.cdnpay.ca

       When the form is complete, mail or fax to: **Western Petroleum**
                                          P.O. Box 177
                                          Stephenville, NL A2N 2Y9
                                          Tel: 1-877-643-4552   Fax: (709)643-9396

PRE-AUTHORIZED PAYMENT
CREDIT CARD

PAYOR   Western Petroleum Newfoundland Limited
P.O. Box 177 Stephenville, NL, A2N 2Y9

PAYEE   **Name** _____

Address _____

Credit Card Number _____

Expiry Date on Card _____

Budget   **Monthly Balance**   **WH**

I give the Payor (Western Petroleum Newfoundland Limited)
Authority to use Direct Electronic Funds Transfer from the credit card
information contained above.

_____   _____
(Signature)   (Date)