

## **ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

## Please complete this authorization form and return to <a href="mailto:admin@4kenergy.ca">admin@4kenergy.ca</a>

TYPE OF APPLICATION			
New Up	date	Cancellation	Change of Ownership
CLIENT INFORMATION			
Name:			
Address:			
City/Province:			
Postal Code:			
Phone #:			
Email Address:			
CREDIT CARD INFORMATION			
Name of Cardholder:			
Address of Cardholder:			
Card Number:			
Expiration Date (MM/YY):			
CVV/CVC:			

## **AUTHORIZATION AGREEMENT**

I hereby authorize 4K ENERGY INC. to initiate automatic withdrawals from my credit card provided. I also authorize 4K ENERGY INC. to make returns to this account in the event that a debit entry is made in error.

I understand that by making payments on my account through credit card, a 2.5% service fee will be added to my monthly payment.

Further, I agree not to hold 4K ENERGY INC. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

Lessee acknowledges and agrees that Payment amount may change from time to time, with notice to the Lessee, to reflect maintenance cost increases and other inflationary costs. Lessee agrees to account set-up fee (currently \$35) as billed by Lessor.

This agreement will remain in effect until 4K ENERGY INC. receives a written notice of cancellation from me or my financial institution. It is to the sole responsibility of the payee to notify the payer in writing of any accounts changes and/or closures a minimum of 30 days in advance. This notification requires written documentation and/or a new EFT Authorization Form to be submitted to the Accounting Department.

Name (Print)	 Signature
Title	Date (DD/MM/YYYY)