



**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

*Please complete this authorization form and return to [admin@4kenergy.ca](mailto:admin@4kenergy.ca)*

**TYPE OF APPLICATION**

New       Update       Cancellation       Change of Ownership

**CLIENT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution: \_\_\_\_\_  
Address of Financial Institution: \_\_\_\_\_  
Transit Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

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**AUTHORIZATION AGREEMENT**

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I hereby authorize 4K ENERGY INC. to initiate automatic withdrawals from my account at the financial institution named below. I also authorize 4K ENERGY INC. to make deposits to this account in the event that a debit entry is made in error.

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 bank 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)

**PLEASE ATTACH A VOID CHEQUE WITH THIS APPLICATION**