



140 Ann Street, Suite 202  
 London, ON N6A 1R3  
 Phone: 519-913-1310  
 E-mail: admin@4kenergy.ca

## RENTAL ACCOUNT AGREEMENT

ADDING \_\_\_\_\_ REMOVING \_\_\_\_\_

**At a customer's request the 4K Energy Inc. will send bills to and receive payments from an agent or tenant. This accommodation will in no way relieve the owner/principal of liability for charges.**

I, \_\_\_\_\_ as owner/principal of the property:

Location street address: \_\_\_\_\_

Current Balance Due: \_\_\_\_\_ **\*\*PAYMENT REQUIRED \*\*\* Zero Balance required to add Renter.**

**Authorize 4K Energy Inc. to send bills to:**

Current Tenant(s): \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_

Whose mailing address is: \_\_\_\_\_

City: \_\_\_\_\_ PROV: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- Payment of outstanding balance is due upon submittal of this form.
- **Tenant(s) will receive monthly statement beginning with the next scheduled billing date (1<sup>st</sup> of the following month).**
- I understand as owner I will not receive a copy of any billing statements issued to the property unless requested.
- I understand as owner I am responsible to notify 4K Energy Inc. when tenant vacates property.
- I understand any outstanding balance will remain on the account and is subject to collection measures if unpaid.
- **I understand as owner that I assume all responsibility for any charges accrued on the account.**

Owners mailing address is: \_\_\_\_\_

City: \_\_\_\_\_ PROV: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Owner/Principal

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print name of Owner/Principal

**NOTE: RENTAL AGREEMENTS NOT COMPLETED IN FULL WILL NOT BE PROCESSED.**



**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**