

PRE-AUTHORIZED DEBIT (PAD) PLAN  
PAYOR AUTHORIZATION

TO HUSKY OIL MARKETING COMPANY, A Division of Husky Oil Limited (the "PAYEE")  
707, 8<sup>th</sup> Avenue SW Calgary, AB Box 6525, Stn D T2P 3G7  
fax:(403)298-6178 email: credit.department@huskyenergy.com

**To Direct Debit an Account with**

Business Entity Accountholder \_\_\_\_\_ (the "PAYOR")  
*(Full Legal Name – Account Holder)*

\_\_\_\_\_  
*(Exact Name in Which Business Entity Account is Held – Business Name)*

\_\_\_\_\_  
*(Address)* \_\_\_\_\_ *(Telephone Number)*

\_\_\_\_\_  
*(City)* \_\_\_\_\_ *(Province)* \_\_\_\_\_ *(Postal Code)*

\_\_\_\_\_  
*(6 Character Husky Customer Number)* \_\_\_\_\_ *(Location Number if applicable)*

\_\_\_\_\_  
*Contact Name for Payment advise notification* \_\_\_\_\_ *Email address (or)*

\_\_\_\_\_  
*Fax number*

(the "PAYOR'S BANK")

Financial Institution: \_\_\_\_\_  
*(Name)* \_\_\_\_\_ *(Address)*

\_\_\_\_\_  
*(City)* \_\_\_\_\_ *(Province)* \_\_\_\_\_ *(Postal Code)*

\_\_\_\_\_  
*(Account No.)* \_\_\_\_\_ *(Branch No.)* \_\_\_\_\_ *(Institution No.)*

The undersigned PAYOR authorizes the PAYEE to debit the above account at the above indicated branch of the PAYOR'S BANK, in payment of (check all that apply):

- Monthly Facility Rental and/or Semi-Monthly Variable Rent and **when notified** by the Payee, Daily Sales of Product from Husky Inventory (Consigned Sales DSR) or Product Purchases to be "Paid On Delivery" (COD), net of Scrip.
- Variable Purchases of Lubricants or TBA
- Variable Purchase made on a Husky Route Commander or Commercial Credit Card.
- Variable Purchases of Fuel and Related Product
- Variable Recurring Charges (Equipment Rental, Fees, Loan Payments)
- Variable Purchases (Asphalt / Pounder / WRM)

under the terms and conditions agreed to between the PAYOR and the PAYEE.

Debits may be drawn on the above account at any time and for any amount, until this Authorization is effectively cancelled, revoked or terminated.

The PAYOR'S BANK is not required to verify that any debits drawn by the PAYEE are in accordance with this Authorization or the agreement made between the PAYOR and the PAYEE.

It is acknowledged that in order to revoke this Authorization the undersigned PAYOR must provide written notice to the PAYEE. This Authorization may be cancelled at any time upon written notice by the PAYOR to the PAYEE. This Authorization applies only to a method of payment and cancellation of this Authorization by the PAYOR shall not cancel or have any other effect on the underlying agreement made between the PAYOR and the PAYEE. A sample cancellation form, and further cancellation information can be found at [www.cdnpay.ca](http://www.cdnpay.ca).

The PAYOR will notify the PAYEE promptly in writing if there is any change in the above account information or if the Authorization is to be terminated.

Subject to review, a \$25.00 fee may be charged for each returned or stopped payment.

**It is acknowledged that with respect to variable amount debits to the above account the PAYOR agrees to the waiver of the 10-day pre-notification period.**

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](http://www.cdnpay.ca).

The PAYOR acknowledges that delivery of this Authorization to the PAYEE constitutes delivery by the PAYOR to the PAYOR'S BANK, and any delivery to the PAYEE constitutes delivery by the PAYOR. It is warranted by the undersigned that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledged by the undersigned PAYOR or a signed copy of this Authorization.

The PAYOR consents to the collection, use and disclosure by PAYEE of personal information provided by the PAYOR for the purpose of administering the pre-authorized debit plan in accordance with this Authorization.

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*PAYOR Accountholder – Name*

*(Date)*

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*Authorized Signature*

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*Authorized Signature*

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*Name and Title*

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*Name and Title*

**Please attach a “blank”, “void” cheque drawn on the above account.**