

EQUAL PAYMENTS PROGRAM/PRE-AUTHORIZED DEBIT

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IDENTIFICATION

Name	First Name
Address	
Telephone No.	Email

PRE-AUTHORIZED DEBIT PLAN AGREEMENT

Name of financial institution		
Address		
Transit	Institution	Account

I/We authorize P38 Energy Inc., and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and /or one-time payments from time to time, for payment of all charges arising under my/our P38 Energy Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the last working day of each month. P38 Energy Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until P38 Energy Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

P38 Energy Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

AUTHORIZATION

Customer signature	Date
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I acknowledge having electronically signed this document on at
DD/MM/YYYY Time