



ATW Automotive Services

50 Irwin St.
Chatham, Ontario
N7M 0N4

Phone 519-354-6978 Fax 519-355-1383
www.atwautomotive.com

Application for Natural Gas Refueling – Electronic Funds Transfer (EFT) Payment

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone (Home) _____ (Bus.) _____ (Cell) _____

Email (for invoices): _____

Driver's License #: _____

For Office Use Only:

Account # _____

Card/Access # _____

PIN _____

Access to the Natural Gas Refueling Centre can be obtained by two different options.

Please indicate which option best meets your needs (check one):

Key Pad Entry (no card, 4-digit access # with 4-digit PIN)

ATW Automotive Access Card (with 4-digit PIN) # of cards required _____

Payments: All accounts for natural gas refueling are to be paid monthly by direct debit (Electronic Funds Transfer or EFT) from your bank account.

Notes: Lost or damaged cards may be subject to a replacement fee of \$10.00. Overdue accounts will be subject to a 2% per month service charge. Returned payments may be subject to an administration charge. A.T.W. Automotive Services reserves the right to revoke your refueling privileges at any time.

I certify the above information to be true. I shall be responsible for the payment of all amounts charged to my account, including supplementary cardholder(s) charges. I understand that payment of the outstanding balance of my account is to be made within thirty (30) days after the monthly invoice date. I hereby authorize A.T.W. Automotive Services to obtain information on my credit record or financial position from any credit reporting agency, financial institution, past or present employer or any person with whom I maintain business relations.

Signature

Date

Electronic Funds Transfer (EFT) Payment Plan Authorization

No cheques to write - No postage costs – No missed due dates – Enjoy the convenience!

Having your bill paid by our EFT payment plan is just like sending us a cheque. Shortly after the 20th of each month, you will receive your Invoice for Natural Gas fuel purchases made during the billing cycle. You have the option of having the payment debited to your bank account on either the 10th or the 20th of the month following the date of your invoice. For example, if your invoice is for the period ending October 20, your payment will automatically be debited on Nov. 10 OR Nov. 20 (depending on which payment date you choose). If your payment date falls on a weekend or a holiday, payment will be completed on the next regular banking day. You will receive your invoice with the total due **at least 10** days before the payment due date. We will ensure that your account information will be handled with complete confidentiality and that payments will be processed in accordance with the rules of the Canadian Payment Association (see www.cdnpay.ca for complete terms and conditions). If you have questions or need more information, please contact Ashley Wolting at 519-354-6978.

EFT Authorization Terms and Conditions:

I/We will notify A.T.W. Automotive Services (the Company) in writing of any changes in the account information or termination of this authorization thirty (30) days prior to the next payment date.

I/We understand this authorization may be cancelled at anytime, subject to providing written notice to the Company 30 days in advance of the next payment date. A sample cancellation form can be obtained at your financial institution or by visiting www.cdnpay.ca

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Company.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Company to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

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 debit that is not authorized or is not consistent with this PAD (pre-authorized debit) Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/We acknowledge that delivery of this authorization to the company constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign on this account have signed this authorization.

I/We understand that if the payment is returned unpaid by my/our bank, the transaction may be subject to an administration fee.

The Company reserves the right to revoke your natural gas refuelling privileges at any time.

After completion of this form, the Company will provide me with a copy of such for my/our records.

******* Please provide a VOIDED, unsigned cheque (or appropriate form from your bank) for verification purposes. *******

I/WE Name(s) _____

AUTHORIZE A.T.W. Automotive Services TO DEBIT MY/OUR ACCOUNT

At (Financial Institution)

_____ Address: _____

Bank Transit # _____ - _____ Account # _____

FOR THE PURPOSE of making payments for Natural Gas Fuel Invoices, payable monthly, on the _____th day of the month following the Natural Gas Invoice period ending date.

I/We acknowledge this service will be used for (select one): Personal Business

I/We have read and understand the terms of this authorization. I agree

Signature(s)*

Date

*For joint accounts, all depositors must sign if more than one signature is required.