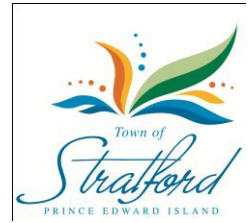


Stratford Utility Corporation
234 Shakespeare Drive
Stratford, PE C1B 2V8
Tel: 569-1995
Fax: 569-5000



Re: Pre-authorized Utility Payments

We are pleased to announce that we can now offer Pre-authorized Utility Payments to our Utility customers.

Please complete the following form and return to the above address. *Please note it must be signed by the account holder in order to be valid and must include a 'Voided' cheque attached to the account.*

Business **Personal**

Customer Information

Name: _____ Account Number: _____

Service Address: _____

Billing Address: _____

Phone: (h) _____ (c) _____ E-mail: _____

Banking Information:

Financial Institution: _____

Branch Address: _____

Chequing Account Savings Account

Account Number: _____ Transit Number: _____ Institution Number: _____

Pre-Authorized Details

I/We authorize the Stratford Utility Corporation to debit the bank account identified above for the amount of my quarterly water and/or sewer bill on the due date indicated on our quarterly invoice. (January, April, July and October). The Stratford Utility Corporation will provide written notice of the amount of each debit and the date it will be scheduled.

This authority will remain in effect until the Stratford Utility Corporation has received written notification of my/our request for change or termination. This notification must be received at the address listed above at least ten (10) business days prior to the next scheduled payment.

Any payment not honored by your financial institution will result in a service charge of \$15.00 for each default payment. If there are two (2) default payments, this agreement will be cancelled without notice. _____ **(initial)**

Recourse Statement: You/I/We have certain recourse rights if any debit does not comply with this agreement. For example, you/I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with terms of this PAD agreement. I/we may obtain a sample cancellation form or more information on my right to cancel a PAD agreement at my financial institution or by visiting www.cdnpay.ca.

I/We warrant and guarantee that all persons whose signatures are required on this account have signed this agreement below.

Signature of Account Holder:

Name: _____

(Please print clearly) _____

Date: _____

Signature of Joint Account Holder (if applicable):

Name: _____

(Please print clearly) _____

Date: _____