



Pre-Authorized Debit (PAD) Agreement

1. Customer Information (please print clearly)

Name: _____

Street Address: _____

City: _____ Province/State: _____ Postal Code/ZIP: _____

2. Bank Account Information (You may also provide a "VOID" cheque instead of providing the below bank information.)

Account Number: _____

ABA routing number: _____

Financial Institution Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the payor, authorize Kiva United Energy, Inc. to debit the bank account identified above for the amount(s) owed on sales to you that come due on or before the Saturday of every week.

These services are for Business PADs.

You agree to waive your right to receive pre-notification of the amount of the PAD and agreed that you do not require advance notice of the amount of PADs before the debit is processed. Kiva United Energy, Inc. agrees to provide you with an invoice listing no later than 3 business days after the PAD has been debited.

You, the payor, may revoke your authorization at any time subject to providing written notice of 30 days in advance to Kiva United Energy, Inc. To obtain a cancellation form please contact Kiva United Energy, Inc. at the address listed below.

Signature of Account Authorizer

Name (please print)

Date:

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.

When this form is complete, mail or scan and e-mail to:

Kiva United Energy, Inc.
Attention: Cindy Lee/ Dimarie Barros
10281 State St,
Sandy, UT 84070
Tel: 1.801.553.7001
E-mail: ar@kivaenergy.com