



Paperless Pay/ Customer Advise Draft Agreement

1. Customer Information (please print clearly)

Name: _____

Street Address: _____

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

2. Bank Account Information (Please provide a "VOID" cheque for proof of banking information)

Account Number: _____

ABA 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) advised for paperless pay processing.

These services are processed through Weekly Business PADs.

Kiva United Energy, Inc. agrees to provide you with an invoice listing no later than 3 business days after the PAD has been debited.

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 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: Jackie Heck
10281 State St,
Sandy, UT 84070
Tel: 1.801.553.7001
E-mail: ar@kivaenergy.com