



PRE-AUTHORIZED DEBIT (PAD) FORM

1. CUSTOMER INFORMATION

Name of Account Holder:			
Telephone Number:			
Account #:	C		
Type of Service:	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	

2. PRE-AUTHORIZED BANK ACCOUNT DEBIT (copy of void cheque required)

Bank Account#:	
Branch#: (up to 5 digits)	
Institution#: (3 digits)	

I authorize TransAlta Energy Marketing Corp. ("TransAlta") and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments of all charges arising under my TransAlta Account(s). Regular monthly payments for the full amount of services delivered will be debited to my specified account on the invoice due date. TransAlta will provide 10 days written notice of the amount of each regular debit. TransAlta will obtain my authorization for any other one- time or sporadic debits.

This authority is to remain in effect until TransAlta has received written notification from me 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 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.

TransAlta 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.

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit <http://www.cdnpay.ca>.

Customer Signature: _____ Date: _____

Send this form along with a void cheque to:

TransAlta Energy Marketing Corp.
c/o Customer Solutions

Mail: Box 1900, Station M

TransAlta Place, 14th Floor
1100 – 1st Street SE
Calgary, AB T2G 1B1

Fax: 1-888-316-0068

Email: customers@transalta.com