

## PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PAD)

Select all applicable invoice types below:

- Administrative Levy
- Oil and Gas Disposition Rental
- Oil and Gas Royalty/Tax
- Public Offering

1. Payor's Name and Address – please print.

Payor warrants and represents that the following information is accurate.

<b>Business Associate Number (BA):</b>		
If a you do not have a Business Associate ID number please apply to: <a href="http://www.petrinex.ca/62.asp">http://www.petrinex.ca/62.asp</a>		
<b>Company Name:</b>		
<b>Street:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Contact Name:</b>	<b>Telephone:</b>	<b>Fax:</b>
<b>Contact E-mail Address:</b>		

Payor **please attach a specimen cheque, marked "VOID"**, to this payor authorization form (the "Authorization"). Cheques must be drawn on **Canadian bank** accounts in **Canadian dollars** only.

Payor will inform the Payee, in writing, of any change to the information provided in this section of the authorization **at least 10 days** prior to the next due date of the PAD.

2. Payee's Name and Address.

Name of Payee: (the "Payee") <b>Saskatchewan Ministry of the Economy</b>		
Street: <b>1000 - 2103 11<sup>th</sup> Avenue</b>		
City: <b>Regina SK</b>	Postal Code: <b>S4P 3Z8</b>	Telephone Number: <b>1-844-213-1030</b>

3. Payor acknowledges that this authorization is provided for the benefit of the Payee and the processing institution and is provided in consideration of the processing institution agreeing to process debits against the Payor's account, in accordance with

the rules of the Canadian Payments Association. Payor warrants and guarantees that all persons whose signatures are required to authorize withdrawals from the Account have signed the authorization and that all persons signing this authorization are the Payor's authorized signing officers and are empowered to enter into this agreement.

4. Payor hereby authorizes the Payee to issue Business Pads (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the account, for the purpose of accepting payment.
5. Payor may cancel this authorization at any time upon providing written notice to the Payee.
6. Payor acknowledges that provision and delivery of the authorization to the Payee constitutes delivery by the Payor to the processing institution. Any delivery of the authorization to the Payee, regardless of the method of delivery, constitutes delivery by the Payor.
7. **Unless otherwise agreed to in writing, the Payee will make available to the Payor:**
  - (a) **with respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the payment amount debited will be posted to our account (the "Payment Date"), at least 10 calendar days before the payment date of the first PAD, and such notice shall be provided every time there is a change in the payment amount or the payment date(s);**
  - (b) **with respect to variable amount PADs, written notice of the payment amount and the payment date(s), at least 10 calendar days before the payment date of every PAD; and,**
  - (c) **with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAD in full or partial payment of a billing received by us for a payment obligation that meets the requirements of Rule H1, no notice is required.**
8. The Payee may issue a PAD equal to the sum of all invoice types as selected above.
9. Payor acknowledges that the processing institution is not required to verify that a PAD has been issued in accordance with the particulars of this authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the account.

10. Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor and the Payee. This authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
11. Payor may dispute a PAD only under the following conditions:
  - (i) the PAD was not drawn in accordance with this Authorization;
  - (ii) this Authorization was revoked; or,
  - (iii) pre-notification, as required under section 7 was not available.

Payor acknowledges that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the processing institution holding the account up to and including 10 calendar days after the date on which the PAD in dispute was posted to the account. Payor acknowledges that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between the Payor and the Payee, outside the payments system.

12. Payor agrees that the information contained in this authorization may be disclosed to the Royal Bank of Canada as required to complete any PAD transaction.
13. Payor has certain recourse rights if any debit does not comply with this agreement. For example, Payor has 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 our recourse rights, Payor may contact our financial institution or visit **[www.payments.ca](http://www.payments.ca)**.
14. Payor understands and accepts the terms of participating in this PAD process.

_____	_____
<b>Company Name</b>	<b>Date</b>
_____	_____
<b>(Print Name)</b>	<b>(Authorized Signature)</b>
_____	_____
<b>(Print Name)</b>	<b>(Authorized Signature)</b>

**Please send completed PAD application to:**  
Email: [er.support@gov.sk.ca](mailto:er.support@gov.sk.ca)  
Or mail to:  
1000, 2103 11<sup>th</sup> Avenue  
Regina, SK S4P 3Z8