

**PRE-AUTHORIZED DEBIT (PAD) PAYMENT OPTION
DEBIT AUTHORIZATION FORM**

DATE: _____

FROM: _____ (company name)

_____ (address line 1)

_____ (address line 2)

PROV: _____ Postal Code: _____

**TO: EXECUTIVE DIRECTOR, TENURE AND GEOSCIENCE BRANCH
UPSTREAM DEVELOPMENT DIVISION
MINISTRY OF NATURAL GAS DEVELOPMENT
P.O. BOX 9326, STN PROV GOVT
VICTORIA, BC V8W 9N3**

RE: REMITTANCES FOR CROWN DISPOSITIONS

Please accept this document as authority for the Ministry of Natural Gas Development to debit our bank account (as described on the 'Authorization for Pre-Authorized Debits for Monthly Dispositions of Petroleum and Natural Gas' form) for the sole purpose of facilitating the payment by _____ (company name)

for successful bids for Crown Petroleum and Natural Gas Rights in British Columbia.

Each debit shall be limited to the total amount of successful bids (each of which includes bonus bid, fees, and applicable rent) from a single public offering.

Each payment will conform to Canadian Payments Association rules.

It is further understood and agreed that only authorized representatives of the Ministry of Natural Gas Development may initiate such Pre-Authorized Debits, and that _____ will (company name)

have recourse to the Ministry of Natural Gas Development for the recovery of debits made by the Ministry that have not been authorized by this document.

This authorization may be canceled by _____ at any time, by providing written (company name) notice to the Ministry of Natural Gas Development. Your receipt of this authorization constitutes delivery by us to you.

Authorized Signature

Authorized Signature

Print Name

Print Name