



AN IMPORTANT MESSAGE TO OUR VENDORS

Subject: Emailing of Invoices and Electronic Funds Transfer

The present COVID-19 pandemic has created a challenge that none of us could have imagined just a short time ago. Our most immediate priorities are the safety of our employees and supporting our vendors in any way that we can.

Effective immediately, we are asking that our vendors provide their invoices electronically via email to: accountspayable@energyplus.ca. If possible, we would ask that the electronic invoice be provided in PDF searchable format.

Energy+ successfully uses Electronic Funds Transfer ("EFT") to pay the majority of our vendors.

As part of our commitment to ensure that our vendors are continued to be paid promptly, and to facilitate the electronic flow of documents, we are reaching out to obtain your support. For those vendors who are not currently taking advantage of EFT, we would ask that your organization register immediately for EFT.

To complete the EFT registration:

1. Complete the attached "EFT Authorization Form" on your company's letterhead and have it approved by a signing officer of your company.
2. Enclose a "**Void**" cheque for the bank account you wish credited. The void cheque enables us to ensure that the financial institutions name and routing information is properly attributed to your account.
3. Email the EFT Authorization Form and a copy of a void cheque to:

E-mail to: accountspayable@energyplus.ca

Once you are registered, it is as simple as sending your invoice, preferably in PDF searchable format, electronically to: accountspayable@energyplus.ca.

If you have any questions concerning the EFT process, please contact Kelly Culver at 519-621-8405 Ext. #2348 or at kculver@energyplus.ca.

We thank you for your participation.

A handwritten signature in blue ink that reads "Kelly Culver".

Kelly Culver, CPA, CMA
Manager, Accounting



EFT AUTHORIZATION FORM

The undersigned hereby authorizes Energy+ Inc. to make future payments due and owing by electronic funds transfer directly into the bank account specified below.

Vendor Information

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone#: _____ Fax#: _____

E-Mail Address: _____
(Required for remittance advice transmission)

Financial Institution Information

Name: _____

Address: _____

Telephone: _____

Branch #: _____ (5 DIGITS)

Institution #: _____ (3 DIGITS)

Account #: _____

I have authority to bind the corporation.

Authorized Signature for Vendor: _____

Name (Print): _____

Position (Print): _____

Date: _____

A void cheque must be included to process payment. Vendor agrees to provide 30 days advance written notice of any change in the payment information.