

Request for Electronic Payment Authorization



* denotes required field

Return to Supplier.MDM@enbridge.com

| | | | |
|---|--|-------------------------|--|
| * Operating Name (name as it appears on invoice) | | | |
| Legal Business Name (if different from above) | | | |
| * Contact Name and Position | | | |
| * Contact Telephone | | * Contact Email Address | |
| * List all remittance addresses that should receive Electronic payments. Invoices received with these remittance addresses will be paid Electronically. | | | |

| | |
|---|--|
| * Email Address for Remittance Details (multiple emails and fax numbers allowed) | |
|---|--|

If your Bank is located in Canada:

| | | | |
|-------------------------------|--|----------------------------|--|
| Name of Financial Institution | | BIC/SWIFT (8 or 11 digits) | |
| Bank Number (3 digits) | | Branch Number (5 digits) | |
| Bank Account Number | | | |
| Bank Account Owner | | | |

If your Bank is located in the United States:

| | | | |
|-------------------------------|--|----------------------------|--|
| Name of Financial Institution | | BIC/SWIFT (8 or 11 digits) | |
| Routing Number (9 digits) | | Bank Account Number | |
| Bank Account Owner | | | |

If your Bank is located outside of Canada or the United States:

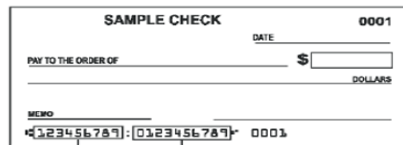
| | | | |
|-----------------------------------|--|----------------------------|--|
| Name of Financial Institution | | BIC/SWIFT (8 or 11 digits) | |
| International Bank Account Number | | | |
| Bank Account Owner | | | |

If your banking details include an 'Intermediary Bank' or 'For Further Credit' instruction:

| | | | |
|-------------------------------|--|----------------------------|--|
| Name of Financial Institution | | BIC/SWIFT (8 or 11 digits) | |
| Routing Number (9 digits) | | Bank Account Number | |
| Bank Account Owner | | | |

Attach one of the following:

- Void Check/Cheque personalized with bank account owner name and address
- Confirmation of banking details prepared and signed by your bank



Authorization: I authorize Enbridge to deposit payments owed to the organization or individual listed above. Enbridge will deposit the payments in the bank account designated on this form for the specified remittance addresses.

| | | | |
|-----------------------------------|--|--------|--|
| * Authorized Physical Signature | | * Date | |
| * Authorized By Name and Position | | | |