

Appendix K

Rapidtrans Deposit Slips and Deposit Locations


Rapidtrans Deposit Slip

The unique bank account number must be shown on the Rapidtrans Deposit Slip each month. The account number is entered in the area marked “1” shown on the following example of the Rapidtrans Deposit Slip form. The Rapidtrans Deposit Slip contains two copies. The CIBC branch retains the original copy and the company retains the bottom copy. Royalty payers are required to fax a copy of this deposit slip to the Financial Services Division Cashiers at fax number (780) 422-4281.

A separate field on the Rapidtrans Deposit slip has been provided for credit transfers. The “From Account” and “To Account” must be entered in the area marked “2” shown on the Rapidtrans Deposit Slip example.

Field “3” has been expanded to include both the payer name and phone number. This will assist the cashiers in contacting the payer should any information provided on the Rapidtrans Deposit Slip remain unclear.

The final change is the pre-printed area, included under the “Client Account Numbers and Name(s) section, marked “4”. This will prompt each payer to include the G94 account number when making their remittance, along with their client ID. Please ensure all other payment types are identified as required.

| | | | | | | | |
|---|--|--|--------------------------------------|----------------------------------|--------------|----------------------------|--|
|  ENERGY Electricity & Gas Division | | RAPIDTRANS DEPOSIT SLIP | | CLIENT ACCOUNT NUMBERS AND ID(S) | PAYMENT TYPE | LIST CHEQUE \$ AMOUNT (\$) | |
| For deposit to the credit of the Minister of Finance at CANADIAN IMPERIAL BANK OF COMMERCE | | G94 123456 Client ID 0ZZ4 | | G94 | 1,000 | 00 | |
| BRANCH | | | | G94 | | | |
| DATE | | ACCOUNT # | OTHER (PLEASE IDENTIFY eg: PCR, BOR) | “4” | 50 | | |
| PAYER NAME/PHONE NO. | | “3” | PCR ZZ4 | PCR | 236 | 23 | |
| JANE DOE (403) 555-4321 | | “2” | TOTAL DEPOSIT | | \$ 1,236 | 23 | |
| CREDIT TRANSFERS ONLY: PLEASE LIST BELOW ALL TRANSFERS OF CREDITS BETWEEN ACCOUNTS. | | | | | | | |
| WHITE - BANK YELLOW - PAYER | | FROM ACCOUNT: | TO ACCOUNT: | \$ AMOUNT (\$) | | | |
| PAYER: PLEASE FAX COPY OF YOUR RAPID TRANS TO: (780) 422-4281 - ATTN: CASHIERS | | G94 123456 | PCR ZZ4 | 500 | 00 | | |

Generic Rapidtrans Deposit Locations

This is specific **only** to clients who make payments using the Department’s generic account 09-35603. The generic account is primarily used for transition prior to the assignment of a unique account number, or to make a payment at a location other than the one specific to their unique account number. **Clients who have a unique account number other than 09-35603 must continue to use it at the related branch location.**

| Location | Transit# | Bank Address | City |
|----------|----------|--|----------|
| 00001 | 00059 | Jasper Avenue & 100 th Street | Edmonton |
| 00018 | 00009 | CIBC Place, Bankers Hall, 309 8 th Avenue | Calgary |
| 00023 | 08009 | Bow Valley Square 2 | Calgary |

Royalty payers may also advise the Department of the payment made by email, provided that all the information that appears on the Rapidtrans Deposit Slip is included in the email, such as Client Id, account number, total payment amount and the amounts to be applied to each account. The email address is G94Deposit@enr.gov.ab.ca.

Pre-Authorized Automatic Debit Payments

This process can be used for activities that have a specified payment due date of the last day of the month (e.g., Gas Royalty and Condensate payments).

All clients who elect to participate must sign an agreement with the Department. The client specifies in the agreement the bank account number that the Department is authorized to automatically debit payments.

Clients must submit a completed agreement by the 15th of the month in which they wish to begin automatic debit payments. Copy of the agreement is included at the end of this appendix.

Banking information provided in the agreement is confidential and only for the use of an authorized representative of the Department.

Each month the client must complete the Automatic Debit Remittance Form by the 5th last Government business day of each month prior to the operational due date of the invoice. The Remittance Form specifies the amount to be automatically debited. A signed agreement must be completed prior to submitting the Automatic Debit Remittance Form.

The Department will not arbitrarily debit a client's account without the client specifying the amount on the Automatic Debit Remittance form. This form must be completed for each month a payment is made by automatic-debit, as the Department will not automatically debit the Statement of Account balance.

Clients can submit the request for the amount to be automatically debited in one of three ways:

- 1. Fax the Remittance Form**
- 2. Clients can provide written authorization to automatically debit their account for the balance on the Statement of Account**
- 3. Via the Electronic Transfer System (ETS).**

It is important to note that any requests received subsequent to the 5th last Government business day of the month will not be processed until the last day of the following month.



Mineral Development
Organizational Effectiveness
Financial Systems

12th Floor
North Tower, Petroleum Plaza
- 9945-108 Street
Edmonton, Alberta T5K 2G6

Telephone 780/427-3600
Fax 780/422-4281

(Company)
(Address)
(Address)
(City) , (Prov)
(Postal Code)

(Attention)

Dear Sir or Madam:

Kindly indicate by your signature on this Monthly Statement Agreement that you accept the following statements as being contractually binding upon the Client and the Department of Energy (DOE):

GENERAL

1. That this Agreement shall apply in respect of the payment of Charges contained in all Monthly Statements and Supplementary Statements sent by the Crown to the Client in the month of _____, _____ and in all subsequent months.
2. That the Terms and Conditions contained in Schedule “A” of this Agreement form part of this Agreement and bind the Crown and the Client as fully and effectively as if they were set forth in the body of this Agreement.
3. That the Client selects the following method(s) of payment:
 Mineral: Cheque Auto Debit
 Surface: Cheque Auto Debit
4. That, having reviewed and considered the options for receipt of Monthly Statements set forth in section 3 of the Terms and Conditions to this Agreement, the Client, by checking the appropriate box below, chooses the following mode of receipt:

 One Monthly Statement
 Two Monthly Statements: One for
 Surface and One for Minerals
 Three Monthly Statements: Two for Surface
 (Manual Charges and Annual Rental Charges) and
 (First Time Surface Charges) and One for Minerals

CHEQUE PAYMENT OPTION SELECTED NOT APPLICABLE

5. That if the Client elects under section 3 of this Agreement to pay the Charges by cheque,
 - (a) the Crown must receive a cheque on or before the Deemed Due Date in respect of the amount of those Charges contained in each Monthly Statement or in the supplementary thereto referred to in section 8 of Schedule “A”, together with the remittance form from each such Statement, and

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(b) the authorization in sections 6 thru 11 below, shall not apply to this Agreement.
AUTO DEBIT PAYMENT OPTION SELECTED NOT APPLICABLE

6. That if the Client elects under section 3 of this Agreement to pay the Charges as described in the Terms and conditions in Schedule “A” by auto debit then this document constitutes and can be used as authority for the Crown as represented by the Department of Energy to electronically debit the Subject Bank Account in the name of the Client on the understanding that each such debit will be used only to facilitate payment by the Client of, and will be limited to the amount of, the Charges in the Monthly Statements and Supplementary Statements as described in the Terms and Conditions in Schedule “A” of this Agreement.
7. That in this document “Subject Bank Account” means the account the details of which are described and set forth in section 11 of this Agreement.
8. That each such debit will be treated by the Crown and the Client and will have the same effect and consequence at law as if the Client had issued a cheque instructing the bank to pay the amount of the debit to the Crown.
9. That only authorized representatives of the Minister of Energy may initiate such electronic debits, and that the Client will be entitled to recover from the Crown debits made by Crown employees that have been established to the satisfaction of the Minister or determined by judgement of a court of competent jurisdiction not to have been authorized by this Agreement.
10. That if there are any changes to the banking information contained in this Agreement, or if the Client wishes to cancel or change the authorization in section 6 of this Agreement, the Client shall so notify the Crown in writing at the address set forth above.
11. That insofar as the Auto Debit payment mechanism is selected hereunder, then for the purpose of this part of the Document the “Subject Bank Account” is

Account Name:

Account No.:

Bank:

Bank Transit No.:

12. The Crown or Client may cancel the Monthly Statement Agreement by notifying the other party in writing, giving 60 days notice.
13. Changes to the elections in sections 3 & 4 of this Agreement must be submitted to the Crown in writing 10 days prior to the next Monthly Statement being produced.

Signed this day of , 2002 by

(Company Name)

(Corporate Seal)

Per: _____
(Title)

Per: _____
(Title)

Acknowledged by: _____
Department Of Energy

Phone: 780-427-3600
Fax: 780-422-4281

THIS IS SCHEDULE "A" ATTACHED TO AND FORMING PART OF THE AGREEMENT MADE BETWEEN HER MAJESTY THE QUEEN IN RIGHT OF ALBERTA AS REPRESENTED BY THE MINISTER OF ENERGY AND _____ ON _____, _____.
(NAME OF CLIENT) (DATE)



DEPARTMENT OF ENERGY
Financial Services Division

Automatic Debit Remittance

12th Floor Building
Street Address
City, Alberta Postal Code

DATE: _____ TOTAL TO BE DEBITED: _____

Auto Debit to the credit of the Minister of Finance, Province of Alberta for:

Royalty Client Name: _____

Royalty Client ID: _____

Gas Royalty Account Number: G94 _____ Amount: _____

G94 _____ Amount: _____

G94 _____ Amount: _____

Other (please specify account number/activity ID E.g.: PCR 123, OSR 123, EOR 123):

Account # _____ Amount: _____

Account # _____ Amount: _____

Account # _____ Amount: _____

Account # _____ Amount: _____

Chief Financial Officer (please print): _____

Chief Financial Officer Signature: _____

Contact Number: _____

***NOTE: The Department of Energy MUST receive this form on or before the 5th last working day of the month. Remittance forms received on the 5th last working day will have funds debited from your bank account the night of the operational due date of the current Invoice. Forms received late will be processed on the last day of the next month. NOT TO BE USED FOR CREDIT TRANSFERS.**

PAYER:

**PLEASE FAX COPY OF YOUR AUTO DEBIT REMITTANCE TO:
780/ 422-4281 ATTN: CASHIERS or**

**MAIL to: Financial Services
9945 108 Street
Edmonton, Alberta T5K 2G6**