

HYDRO HAWKESBURY INC.

850 Tupper St. Hawkesbury ON K6A 3S7
TEL: 613-632-6689 FAX: 613-632-8603

PRE-AUTHORIZED PAYMENT REQUEST FORM

Select three (3) of the following (v) :	Office use only
<input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Change information on my existing plan	BUDGET amount PAD: \$
<input type="checkbox"/> Apply for pre-authorized VARIABLE payment plan with a monthly withdrawal date of the 16th of the month	Date of 1st withdrawal:
<input type="checkbox"/> Apply for pre-authorized BUDGET payment plan - <u>See below for available withdrawal dates</u>	VARIABLE PAD amount: ____ (v) Cust. Initials
Please select (v) your preferred monthly withdrawal date: () 16 () 20	Verification Date:
If you select the BUDGET option a customer service representative will contact you to inform you of the fixed amount that will be withdrawn from your account.	Verified by:

PERSONAL INFORMATION

Customer Name	Telephone no.
Service Address	
City / Province	Postal Code
Hydro Hawkesbury Inc. - Account Number:	
For identification and verification purposes, please provide at least two (2) of the following:	
Date of birth	Passport Number
Driver's License	

BANKING INFORMATION

Name of Financial Institution		
Branch Address		
City / Province	Postal Code	
Transit/Branch	Institution	Account Number

Note: Enter all numbers located on the bottom of your checking/savings account and please include a copy of a "Void Cheque".

I/we authorize Hydro Hawkesbury Inc. to automatically withdraw from the account designated above for payments to Hydro Hawkesbury Inc. <u>I'm also aware that if I agree to the pre-authorized payment that Hydro Hawkesbury will not require a security deposit. If my account is in default of payment, Hydro Hawkesbury will then require the payment of the security deposit.</u>	Customer Initials
Signature (1)	Dated
Signature (2)	Dated

I/we authorize Hydro Hawkesbury Inc., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions fix or variable payments and/or one-time payments from time to time, for payment of all charges arising under my/our Hydro Hawkesbury Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 16th or 20th day of each month. Hydro Hawkesbury Inc. will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Hydro Hawkesbury Inc. has received written notification from me/us of its change or termination. This authorization may be terminated at any time by Hydro Hawkesbury Inc. Upon such termination, any outstanding balance must be paid to Hydro Hawkesbury Inc.

For fixed-amount PADs:

In the event that the amount of this PAD changes, we will send you a written notice identifying the new amount at least 10 days before the first PAD for that amount, with the exception of a reduction in the amount due to a change in tax rate.

For variable PADs:

We will send you a notice identifying the amount of each PAD at least 10 days before each debit. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. Hydro Hawkesbury Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Please note: For a joint account, signatures of all account holders must appear on this form.

Complete this form and send it to Hydro Hawkesbury Inc.:

Fax to: 613-632-8603 or Mail to:

Hydro Hawkesbury Inc.
850 Tupper St
Hawkesbury ON K6A 3S7

