



PRE-AUTHORIZED EQUAL PAYMENT PLAN APPLICATION/ PRE-AUTHORIZED DEBITS (PAD) AGREEMENT

526 Country Squire Rd. Waterloo ON, N2J 4G8 Tel: 519-885-6840 Fax: 519-746-0133 E-mail: customersupport@wnhydro.com www.wnhydro.com

I/we authorize Waterloo North Hydro Inc. (WNHI), and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions for payment of all charges arising under my/our WNHI account (s). Equal monthly payments for the budgeted amount will be debited to my/our account (s) beginning on the due date of regular billings. WNHI will provide written notice of the amount and timing of each regular debit. WNHI will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until WNHI has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided below. 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.

WNHI 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. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD 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.

Hydro Account Numbers _____ - _____ - _____

Type of Service: Residential ____ Business ____

Name on Hydro Bill _____

Address _____ Home Phone _____

City _____ Work Phone _____ Ext _____

Province _____ Postal Code _____

Email Address _____

Financial Institution (FI): _____ Account _____

Transit Number _____ - _____ (branch-5 digits, institution-3 digits)

Signature 1) _____ Date _____

Signature 2) _____ Date _____

(if joint account, both parties must sign)

Please enclose one of your cheques marked 'VOID'

Mail to: Waterloo North Hydro Inc., 526 Country Squire Rd., Waterloo, ON; N2J 4G8

Fax: (519) 746-0133

Email: customersupport@wnhydro.com

Website: www.wnhydro.com

Waterloo North Hydro Inc. uses the information we collect on this form to facilitate pre-authorized payment for services. We are committed to protecting the privacy of your personal information and we have developed policies and procedures in compliance with the Personal Information Protection and Electronic Documents Act.