



SECURITY DEPOSIT WAIVER AUTHORIZATION FORM

526 Country Squire Rd
Waterloo ON, N2J 4A3
Tel: 519-885-6840
Fax: 519-746-0133
E-mail: creditservices@wnhydro.com

Waterloo North Hydro Information

Account Number: _____ - _____

Consumer Name(s): _____

Service Address:

Number: _____ Street Name: _____

Unit/Apt: _____ P.O. Box/Rural Route: _____

City: _____ Province: _____

Postal Code: _____

New Utility Information

Utility Name: _____

Fax Number (Including area code) _____ - _____ - _____

Account Number: _____

New Service Address:

Number: _____ Street Name: _____

Unit/Apt: _____ P.O. Box/Rural Route: _____

City: _____ Province: _____

Postal Code: _____

I authorize Waterloo North Hydro Inc. to supply my payment record to my new Utility noted above. I understand that this information is confidential and will be treated accordingly.

Customer Signature

Date