



PRE-AUTHORIZED PAYMENT CHANGE REQUEST

Account Number: _____
Customer Name: _____
Service At: _____
Mailing Address: same as above or: _____
City / Town: _____ Telephone: Main/Daytime: _____
Postal Code: _____ Business: _____
Email Address: _____

Enter in the effective date for the new banking information, please allow up to 14 days to process your request:

Attach a "void" cheque with your application. The void cheque must be in the name of the person(s) who is financially responsible for this account.

TERMS AND CONDITIONS

- Please allow up to 14 days to process your request
- This agreement can be terminated, upon written notification (allow 14 days) at any time by either the customer or Alectra Utilities.
- Upon termination, ANY AMOUNT DUE shall be paid directly to Alectra Utilities. Cancellation of pre-authorized debit (PAD) does not constitute cancellation of service by Alectra Utilities and the customer shall be liable for any past, present or future amounts owing.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

Digitally Signed: _____ Date: _____