

PRE-AUTHORIZED CHEQUING APPLICATION

Account Number: _____

Customer Name: _____

Service At: _____

Mailing Address: same as above or: _____

City / Town: _____ Telephone: Main/Daytime: _____

Postal Code: _____ Business: _____ ext. _____

Email Address: _____

✔ **Select One Plan Only**

PLAN 1 **Pre-authorized Chequing for Residential Customers**
 The ACCOUNT BALANCE will be withdrawn from your designated bank account on the date indicated on each billing statement.

PLAN 2 **Equal Payment Through Pre-authorized Chequing for Residential Customers**
 Your estimated annual charges are split into equal monthly payments that will be withdrawn from your designated bank account, followed by an account reconciliation payment/credit in the 12th month. To ensure the plan is consistent with customer usage, Alectra Utilities conducts a mid-year review to ensure that the monthly payment amount accurately reflects each participating customer's consumption patterns and charges. If there is a significant difference Alectra notifies customers if a change to their monthly payment amount is required.

Please note that your monthly pre-authorized payment will be withdrawn on the date closest to your bill due date - between the 1st and 28th of the month.

Attach a "void" cheque with your application. VOID CHEQUE MUST BE IN FINANCIALLY RESPONSIBLE'S NAME.

- Your account must be at a zero balance before commencing with either Plan.
- You will be notified by letter confirming your enrolment in the Plan. Continue to pay your bill(s) until you receive this notification.
- Once on the Plan, you will continue to receive your Alectra Utilities bill as usual.
- 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 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.

Signed: _____ Date: _____

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.

Contact Alectra Utilities Customer Service

York Region & Simcoe County: by telephone at **1-877-963-6900** or by email to **CustomerService@alectrautilities.com**
Mississauga: by telephone at **905-273-7425** or by email to **MississaugaCS@alectrautilities.com**