



PREAUTHORIZED PAYMENT APPLICATION FORM

NAME:	TELEPHONE:
SERVICE ADDRESS:	
ACCOUNT NO: CUSTOMER NO:	

OPTION #1 **VARIABLE PAYMENT PLAN** – the exact amount will be withdrawn on the due date;
OR
OPTION #2 **EQUAL PAYMENT PLAN:** \$ _____ **DATE:** 1st _____ **OR** 15th _____

11 payments will come out at the set monthly amount (unless otherwise notified by the utility). Your account will be reconciled annually, in August. The balance will be debited from or credited to your bank account on the date indicated. The new equal payment amount quoted will be withdrawn in September. If it is deemed necessary to reconcile more frequently the customer will be notified prior to adjustments.

FOR ACCURACY PLEASE ATTACH A BLANK CHEQUE (WITH YOUR BANKING INFORMATION) MARKED VOID

Any changes to banking information or removal from the program will require 5 (five) business days notification.

Only two payments being returned from your financial institution will be permitted, at which time any balances owing to the utility will be required to be paid.

I/we hereby authorize EPCOR Electricity Distribution Ontario Inc. to draw monthly debits electronically, in accordance to the preauthorized monthly program. I/we also confirm that the above information has been read and I/we comply with the regulations of the preauthorized monthly program.

SIGNATURE(S): _____ **DATE:** _____

FOR OFFICE USE ONLY:

DATE: _____ **ENTERED BY:** _____