

EPCOR Electricity Distribution Ontario Inc. 43 Stewart Road, Collingwood, ON, L9Y 4M7 Phone: (705) 445-1800 Finance Department Fax: (705) 445-8267 epcor.com

PREAUTHORIZED PAYMENT APPLICATION FORM

NAME	TELEPHONE:
SERVICE ADDRESS:	
ACCOUNT NO:	

OPTION #1 VARIABLE PAYMENT PLAN – the exact amount will be withdrawn on the due date; OR

EQUAL PAYMENT PLAN: \$ DATE: 1st OR 15th **OPTION #2**

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 The new equal payment amount quoted will be withdrawn in September.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: _____