

## **Pre-authorized Payment Agreement**

## 1. Customer Information (please print clearly)

Address:			
e: Postal Code	:Telep	hone No.:	
Type of Ser	vice: Personal	Business:	
_ Branch Transit No.:	Financial	Institution No.:	
Financial Institution	Address:		
Province:	Postal Cod	le:	
No.	Account No.		
	ee: Postal Code Type of Ser Branch Transit No.: Financial Institution _ Province: Institution	re: Postal Code: Telep Type of Service: Personal Branch Transit No.: Financial Financial Institution Address: Province: Postal Cod Institution Account No MOREAND	re: Postal Code: Telephone No.: Type of Service: Personal Business: Financial Institution No.: Financial Institution Address: Postal Code: Postal Code: 

## \*IMPORTANT: PLEASE ENCLOSE A SPECIMEN OF YOUR CHEQUE MARKED "VOID"\*

## **3. Pre-Authorized Payment Details**

You the payor Authorize North Bay Hydro, and the financial institution designated to begin deductions as per your instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under your North Bay Hydro account(s). Regular monthly payments for the full amount of services delivered will be debited to your specified account each month on the due date of your invoice. North Bay Hydro will send you an invoice each month which will specify the date and amount of each regular debit.

This authority is to remain in effect until North Bay Hydro has received notification from you of its change or termination. This notification must be recieved at least 14 business days before the next scheduled payment date at the address provided below. To obtain a sample cancellation form, or more information on your right to cancel a PAP Agreement, contact your financial institution or visit <u>www.cdnpay.ca</u>

Authorized Signature(s)

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 PAP that is not authorized or is not consistent with this Pre-Authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit <u>www.cdnpay.ca</u>

When the form is complete, mail or fax to:

74 Commerce Crescent P.O Box 3240 North Bay, ON P1B 8Y5 Tel.: (705) 474-8100 Fax: (705) 474-8579 Email: customerservice@northbayhydro.com