



Milton Hydro Distribution Inc.

200 Chisholm Dr.
Milton, Ontario
L9T 3G9
Phone: (905) 876-4611
Fax: (905) 876-2044

Pre-Authorized Debit (PAD) Plan Form

Please complete PAD Plan agreement below and return with a blank cheque marked **VOID**.

I/We authorize Milton Hydro Distribution Inc. (Milton Hydro), and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Milton Hydro account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date of each bill. For regular pre-authorized and budget payments, Milton Hydro will provide a monthly bill showing the withdrawal date and amount. Milton Hydro will provide 10 days written notice of the amount of each regular debit. Milton Hydro will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Milton Hydro has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Milton Hydro may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

PLEASE COMPLETE AND RETURN WITH A BLANK CHEQUE MARKED "VOID"

Choose one of the following:

- Apply for Pre-Authorized Payment Plan (Account must be paid in full prior to enrollment)
- Change banking information on my existing plan
- Cancel my Pre-Authorized Payment Plan: Account # _____
- Transfer to my new address (complete information below)

Name(s): _____ Milton Hydro Account Number: _____

Service Address: _____

Phone Number: _____ Phone Number (Alt.): _____

Email Address: _____ Birth Date: _____
Fax Number: _____ mmm/dd/yyyy

Financial Institution (FI): _____ (**void cheque must be attached**)

FI Account Number: _____ FI Transit Number: _____ - _____

FI Address: _____ (branch 5 digits - FI 3 digits)

City/Town: _____ Province: _____ Postal Code: _____

Choose one of the following plans:

Regular Pre-Authorized Debit Plan

OR

Equal Payment Plan MUST HAVE 10 MONTHS' USAGE (residential only). Choose a preferred withdrawal date

- Full Payment withdrawn on due date
- 2nd of each month
- 20th of each month
- Regular monthly due date

Authorized Signature(s): _____ Date: _____