



Please complete the Pre-Authorized Debit (PAD) Plan agreement below and return the completed form along with your cheque marked "VOID" to Guelph Hydro as soon as possible

NOTE: Your Pre-Authorized Debit Plan will not start until this form is completed and returned along with your cheque marked "VOID" to Guelph Hydro. As well, you must have a zero balance on your account.

I/we authorize Guelph Hydro Electric Systems Inc., 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 payments of all charges arising under my/our Guelph Hydro Electric Systems Inc. account(s). Regular monthly payments for the budgeted amount of services delivered will be debited to my/our specified account on the (date)-- (1st to 15th shown below). Please note: If there are any monies owed to Guelph Hydro Electric Systems Inc. based on higher consumption than originally estimated, the customer-(payor) will be responsible for full payment when the account is settled periodically during the year. For regular pre-authorized and budget payments, Guelph Hydro Electric Systems Inc. will provide a bi-monthly or monthly bill showing the withdrawal dates and the amount. This will act as the pre-notification notice. Guelph Hydro Electric Systems will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Guelph Hydro Electric Systems Inc. has received written notification, a telephone call or an e-mail 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.

Guelph Hydro Electric Systems Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (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 consistent with this PAD Agreement. To obtain a form for 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 DATE:
Name(s): Guelph Hydro Account Number:
(Type of Service: Personal Business)
Type of Plan: Budget Payment—Select a date between the 1st and 15th --()
Regular—Automatic withdrawal on due date
Address:
City/ Town: Province: Postal Code:
Phone Number: (Business) (Residential)
Financial Institution (FI):
FI Account Number: FI Transit Number:
(branch-5 digits; FI- 3 digits)
Address:
City/Town: Province: Postal Code:
Authorized Signature(s):

Guelph Hydro Electric Systems Inc.
Attention: Customer Inquiry/ Billing Department
395 Southgate Drive
Guelph, ON N1G 4Y1
Tel: (519) 822-3010 binquiry@guelphhydro.com