



AUTOMATIC PAYMENT PLAN

2 EASY-TO-USE PRE-AUTHORIZED PLANS FOR CONVENIENT CUSTOMER PAYMENTS.

*** ENROLL NOW AND PUT ONE TO WORK FOR YOU ***

1) THE BASIC NET PLAN

Bill received at regular time with message indicating Net Amount of bill will be withdrawn from your bank account on the specified due dates.

2) EQUAL PAYMENT PLAN

Bills received at regular time with message indicating Monthly Equal Payment Amount will be withdrawn from your bank account on specified due date.

The 12th month will be reconcile (makeup) amount. This Plan is not available to customers that have signed with a Retailer.

AVOID Lineups at the Counter

AVOID Late Payment Charges

AVOID Lost Cheques

AVOID Forgotten Due Dates

AVOID Postage and Mail Costs

AVOID Annoying Paperwork

Returned Cheque and Late Payment Charges apply to payment not honoured by your bank.

Terms and Conditions

I (we) authorize the payee to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization does/may not terminate the contract for goods or services exchanged.

I (we) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

a) I (we), never provided authorization to the payee.

b) The pre-authorized debit was not drawn in accordance with my (our) authorization.

c) My (our) authorization was revoked.

d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

AUTOMATIC PAYMENT PLAN AUTHORIZATION

NAME(S) _____ PHONE _____

ADDRESS _____ POSTAL CODE _____

Plan (1) - Basic Net Plan

Plan (2) - Equal Payment Plan

I (we) authorize the Essex Powerlines Corp. to process debits to my (our) bank account indicated below, in accordance with the plan chosen above, for payment of my (our) UTILITY ACCOUNT # _____ BANK _____

Branch Address _____ Bank Account # _____

I (we) acknowledge that I (we) have read and understand all the provisions contained in the terms and conditions of this Authorization and that I (we) have received a copy.

Signature _____ Date _____

Signature (if required) _____

The above information is collected by Essex Power in accordance with the terms of the Personal Information Protection and Electronic Documents Act.

A SAMPLE CHEQUE MARKED VOID MUST ACCOMPANY THIS FORM

For further information call our office at (519) 776-8900

Toll Free: 1-866-776-8900 (Amherstburg Customers)

360 Fairview Ave. W. Suite 218 Essex, ON N8M 3G4

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