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www.haltonhillshydro.com

Halton Hills Hydro's Pre-Authorized Debit (PAD) Plan Form

Select one of the following:	
Apply for Pre-Authorized Debit Plan	Apply for Equal Payment Plan
	Change information on my existing plan
	Remove me from my existing plan

Please complete PAD Plan agreement below and return with blank cheque marked VOID
<ul style="list-style-type: none"> Your monthly withdrawal amount may be reviewed twice yearly and the debit/credit balance will be calculated into a new monthly withdrawal amount. If your revised monthly withdrawal amount warrants an increase or decrease, you will be notified by mail. Note: Your account must be at a zero balance in order to start this plan.

I / We hereby authorize Halton Hills Hydro Inc. to debit my / our bank account on the specified date. I / We understand that each payment shall be handled the same as if I / we had written a cheque or withdrawn the amount specified from the account. I / We also realize it is my / our responsibility to check the statement for any errors and contact Halton Hills Hydro Inc. within 10 days of the billing date.

The budget withdrawals may be cancelled with written confirmation at any time allowing 14 days to terminate the option. Halton Hills Inc. reserves the right to remove the customer from the plan at any time.

Please Note: For a joint account, signatures of all account holders must appear on this form.

PLEASE PRINT	
Halton Hills Hydro Account #: _____	Customer Name: _____
Service Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Phone #: () _____	Business Phone #: () _____
Email Address: _____	
Choose one of the following plans:	
Regular Pre-Authorized Debit Plan	Equal Payment Plan (residential only)
	<small>* A member of our Customer Service Department will contact you with withdrawal date and amount. (please select the preferred method of communication)</small>
Full Payment withdrawn on due date	Email
	Home Phone
	Business Phone
Type of Service: Personal Business	
Signature: _____	Date: _____
Signature: _____	Date: _____

For more information, please contact the Customer Care Department

We agree to reimburse you for any claim paid by you, as a result of a Reimbursement Claim alleging that a pre-authorized debit was not drawn in accordance with this agreement.

We agree to comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force.

In the case of a re-present, there will be no interest, non-sufficient funds charges or any other charges in addition to the original pre-authorized debit amount.

Office Hours: Monday – Friday, 8:30a.m. – 4:30p.m.
(519) 853-3701, Outlying Areas (905) 453-2222, Facsimile (519) 853-2621