



Pre-Authorized Debit Agreement

Personal Information

(Please Type or Print Clearly) and note that **the bank account holder name must match the name of the NT Power account holder.**

Bank Account Holder Name(s):

NT Power Account Holder Name:

Personal Use:

Business Use:

NT Power Account Number:

Service Address:

Email:

Phone:

Financial Institution Information (Please Type or Print Clearly) **AND** provide a copy of your Financial Institution supplied PAD form or a void cheque along with this form

Bank Account Number:

Transit Number:

Financial Institution Number:

Name of Financial Institution:

Terms & Conditions

I/we authorize Newmarket-Tay Power Distribution Ltd. (doing business as NT Power), 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, for payment of all charges arising under my/our NT Power account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the invoice due date of each month. NT Power will provide at least 10 days written notice of the amount of each regular debit.

This authority will remain in effect until NT Power 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.payments.ca. NT Power may also cancel this PAD agreement on not less than five (5) business days of notice to me/us.

NT Power 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 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 institutions or visit www.payments.ca.

I/we have authority under the terms of my/our account agreement with my financial institution to debit the account.

Authorized Signature(s): _____

(For joint bank accounts both signatures are required.)

Date: _____

Email your completed form(s) to payplans@ntpower.ca

You can also print and complete this form, and then mail to: NT Power

590 Steven Court

Newmarket, ON L3Y 6Z2