

London Hydro Pre-Authorized Debit Agreement

Personal Information (Please Type or Print Clearly)

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Bank Account Holder Name(s):				
London Hydro Account Holder Nar	ne:		Personal Use:	Business Use:
London Hydro Account Number:		Service Address:	. L	
Email:			Phone:	
Financial Institution Information (Please Type or Print Clearly) OR 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:		
Pre-Authorized Debit Details				
I/we authorize London Hydro 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, for payment of all charges arising under my/our London Hydro Inc 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. London Hydro Inc will provide at least 10 days written notice of the amount of each regular debit. This authority will remain in effect until London Hydro Inc 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 . London Hydro Inc may also cancel this PAD agreement on not less than five (5) business days of notice to me/us.				
London Hydro 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 reimbursement for any PAD that is Reimbursement Claim, or for more www.payments.ca.	not authorized or is not	consistent with this PAI	D agreement. To obtain a f	form for a
I/we have authority under the term	ns of my/our account ag	reement with my financ	ial institution to debit the o	account.
Authorized Signature(s):				
Date:				
London Hydro's business hours are Hydro at 519-661-5503 or by any o		<u>-</u>		se contact London

Drop off or mail your completed form(s):

London Hydro Customer Services Department 111 Horton St, PO Box 2700, London ON N6A 4H6 Send your completed form(s) electronically:

Email: billingsupport@londonhydro.com

Fax: 519-661-5838