

AUTOMATIC PAYMENT PLANS



There are 2 easy-to-use pre-authorized plans for convenient customer payments:

1) THE BASIC NET PLAN

Bills received at regular time intervals with a message indicating the Net Amount of bill that will be withdrawn from your bank account on the specified due date.

2) EQUAL PAYMENT PLAN

Bills received at regular time intervals with message indicating Monthly Equal Payment Amount that will be withdrawn from your bank account on the specified due date. The 12th month will be a reconcile (makeup) amount. This plan is not available to customers that have signed with a Retailer.

TERMS AND CONDITIONS

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

I (we) acknowledge that delivery of my (our) authorization to that payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institutions 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.

- I. I (we) never provided authorization to the payee.
- II. The pre-authorized debit was not drawn in accordance with my (our) authorization.
- III. My (our) authorization was revoked.
- IV. 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.

We will consider any Electronic Communication received from you or in your name, to be duly authorized by you and binding to you. You authorize us to reply and act on any such communication. You agree that our records regarding any electronic communication will be admissible in any legal, administrative or other proceedings as if such records were original written documents. "Electronic Communication" means any communication of instructions or information whether by telephone, internet, telex, tape, disk, wire, or other means of telecommunication or electronic transmission, including facsimile transmission.

AUTOMATIC PAYMENT PLAN AUTHORIZATION

Name(s): _____

Address: _____ Postal Code: _____

Email: _____ Phone: _____

Select One: **1) Basic Net Plan** **2) Equal Payment Plan**

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

Utility Account #: _____ Bank: _____

Bank Account #: _____ Branch Address: _____

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

Signature(s): _____ Date: _____

YOU MUST INCLUDE A VOID CHEQUE OR DIRECT DEPOSIT FORM WITH THIS APPLICATION. EMAIL YOUR COMPLETED FORM TO CUSOTMERSERVICE@ESSEXPOWERLINES.CA OR MAIL IT TO 2730 HIGHWAY #3, OLDCASTLE, ON N0R 1L0.