

Pre-Authorized Payment Authorization

I/We authorize Hydro One Networks 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 payment of all charges arising under my/our Hydro One Networks Inc. account including all regular bills, reconciliation bills, and final bills issued upon closure of my account. Regular payments for the full amount of services delivered will be debited to my/our specified account 21 days after the billing date.

This authority is to remain in effect until Hydro One Networks 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 Pre-Authorized Debit Agreement ("PAD") at my/our financial institution or by visiting www.cdnpay.ca.

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 institution or visit www.cdnpay.ca

PERSONAL INFORMATION: (Please Print)

Name(s): _____ Hydro One Account Number: _____

Address: _____ City/Town: _____ Postal Code: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Signature: _____ Date: _____

Signature*: _____ Date: _____

These services are for (check one): Personal Use Business Use

I am/We are Applying for a Pre-Authorized Payment Plan Changing information on my existing plan

*For joint accounts where more than one signature is required on cheques, all account holders must sign.

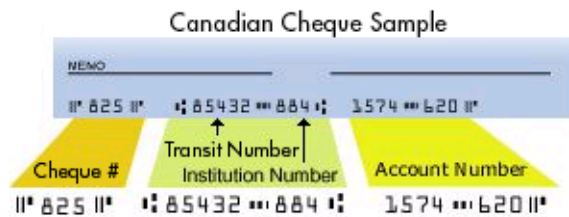
BANKING INFORMATION:

Name of Financial Institution: _____

Transit Number (5 digits): _____

Institution Number (3 digits): _____

Account Number: _____



Complete this form, **attach a void cheque** and mail it to:

Hydro One Networks Customer Communications Centre
P.O. Box 5700
Markham, Ontario L3R 1C8

For further information, please contact us toll-free at 1-888-664-9376 or e-mail us at CustomerCommunications@HydroOne.com

