

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/our account. Regular payments for the full amount of services delivered will be debited to my/our specified account 20 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: _____

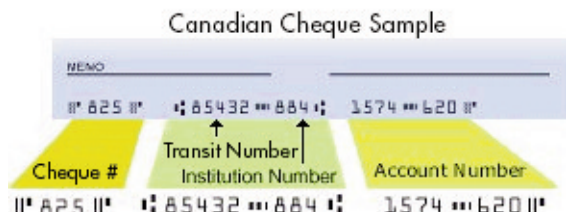
These services are for (check one): ☐ Personal Use ☐ Business Use

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 and mail it to:
 Hydro One Networks Customer Communications Centre
 P.O. Box 5700
 Markham, Ontario L3R 1C8

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