

# 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 19 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](http://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](http://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.

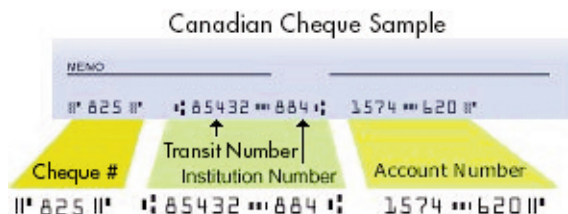
## BANKING INFORMATION:

Name of Financial Institution: \_\_\_\_\_

Transit Number (5 digits): \_\_\_\_\_

Institution Number (3 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_



When would like your Pre-Authorized Payment Plan to be effective\*\*?

You are required to select one of the following options:  Immediately  Next Bill

\*\* If you have selected "immediately," any overdue balance may be withdrawn immediately after this form is processed, which may be prior to the due date stated on your current bill. If you have selected "next bill," please ensure you submit payment for any current or overdue balance before your next regular bill is issued to you.

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](mailto:CustomerCommunications@HydroOne.com)

