

GRIMSBY POWER PRE-AUTHORIZED PAYMENT PLAN



ONE BILL YOU'LL NEVER FORGET TO PAY

Here's how it works.

Each month you will still be sent a billing statement approximately 2 weeks before the due date on your bill. Your billing notice will have a note stating the amount that will be withdrawn from your bank account on the due date.

Enrolling is simple:

Detach and complete the Enrollment Form.
Mark one of your cheques "VOID" and write your Grimsby Power Account number on the front.
Mail, Drop off (you can use our drive-thru payment kiosk), Fax (905-945-9933) or e-mail (customeraccounts@grimsbypower.com) the form and your voided cheque.

For any further questions or inquiries call: **905-945-5437**



Enrollment Form

Please enclose a blank cheque from your bank account marked "VOID" and with your account number indicated on the front.

| | |
|-------------------------------|-------------------------|
| Family/Company Name (in Full) | Grimsby Power Account # |
| Service Address | Telephone # |

Personal PAD Agreement: I/We authorize Grimsby Power and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deduction as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Grimsby Power account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date of the invoice. Grimsby Power will provide 10 days written notice of the amount of each regular debit. Grimsby Power will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Grimsby Power 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.cdnpay.ca.

Grimsby Power may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days written notice to me/us.

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 the 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.

Authorized Signature (1) _____ Date _____

Authorized Signature (2)* _____ Date _____

* If more than one signature is required on cheques issued against this account.