

74 Commerce Crescent

North Bay, ON P1B 8Y5

P.O Box 3240

Pre-authorized Payment Agreement

| 1. Customer Information (please pr | int clearly) | | | |
|--|--|--|--|--|
| Name(s): | | Address: | | |
| City: Province: | | | | |
| North Bay Hydro Account No | Bay Hydro Account No Type of Serv | | rice: Personal: Business: | |
| 2. Bank Account Information (PLE | ASE INCLUDE A COPY OF A VOID CI | HEQUE OR DIRECT DEP | POSIT SLIP) | |
| Bank Account No: Branch Transit No:_ | | Financial Institution No: | | |
| Financial Institution Name: | Financial Institution Address: | | | |
| City: | Province: | Posta | Postal Code: | |
| 12 <u>2</u> 2 | Transit Institution No. No. | _ | | |
| regular recurring payments and/or of account(s). Regular monthly paymendue date of your invoice. North Bay F This authority is to remain in effect up be recieved at least 14 business of cancellation form, or more information | ne-time payments from time to time, to tis for the full amount of services delive lydro will send you an invoice each mor ntil North Bay Hydro has received notific | or payment of all charge red will be debited to you ath which will specify the cation from you of its changent date at the addressent, contact your financia | nge or termination. This notification must provided below. To obtain a sample I institution or visit www.cdnpay.ca | |
| Authorized Signature(s) | | Date | | |
| You have certain recourse rights if an for any PAP that is not authorized or rights, contact your financial institution. Please use one of the following option Mail: | is not consistent with this Pre-Authorize n or visit <u>www.cdnpay.ca</u> ns to send the completed form (with cha | ement. For example you l d Debit Agreement. To ol | have the right to receive reimbursement btain more information on your recourse) to: For additional information please contact: | |

(705) 474-8100 ext. 2