



**Brantford Power Inc.**  
Mailing Address: Box 308  
Brantford, ON N3T 5N8  
Tel: 519 751-3522 Fax: 519.756.6041  
E-mail: [customerservices@brantfordpower.ca](mailto:customerservices@brantfordpower.ca)

### Pre-Authorized Debit (PAD) Plan Agreement

#### Option 1 - Paid In Full

I/we authorize Brantford Power, and the financial institution designated (or any other financial institution I/We may authorize at any time) to debit my account as indicated below on the \_\_\_\_\_ of each month, the amount owing as indicated on my Brantford Power Utilities bill. Brantford Power will provide at least 10 days notice of any change through the utility bill. This authorization is valid for all regular and final bills. Brantford Power Inc. will obtain my/our authorization for any other one-time or sporadic debits.

#### Option 2 - Equal Payment Plan (Residential Accounts only)

I/we choose the equal payment (EPP) the amount of \$ \_\_\_\_\_ to be withdrawn on the \_\_\_\_\_ day of each month. This amount may be adjusted periodically. Brantford Power Inc. will provide notice of the change through the utility bill or other correspondence.

This authority is to remain in effect until Brantford Power Inc. has received 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.brantfordpower.com](http://www.brantfordpower.com).

Brantford Power Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior 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 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.brantfordpower.com](http://www.brantfordpower.com).

**Please Print**

**Start Date** \_\_\_\_\_

Name(s) \_\_\_\_\_ Brantford Power Inc. Account Number \_\_\_\_\_

Address \_\_\_\_\_ Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number (Res.) \_\_\_\_\_ Phone Number (Bus.) \_\_\_\_\_

#### Bank Account Information

Bank Number			Transit Number								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Chequing Account Number											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

**Please attach a cheque marked void. A copy of a void cheque is also acceptable to send via fax or email.**