



CANCELLATION NOTICE

TO: Brantford Power Inc.

Please cancel my/our authorization to issue pre-authorized debits against my/our account number effective thirty days from today. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Name: _____

Signed: _____
Payor/Valid Signing Authority(ies)

Account Number: _____

Date: _____

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation notice.

Note: Subject to the terms of any agreement between a Payor and Payee including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, Internet, e-mail, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement

**Brantford Power Inc. P.O. Box 308, Brantford, ON N3T 5N8
Phone: 519-751-3522 Email: customerservices@brantfordpower.ca**