



Automatic Payment Plan (APP) Agreement Brantford Power Inc.

Mailing Address: Box 308 Brantford, ON N3T 5N8

Tel: 519-751-3522 Fax: 519-756-6041

E-mail: customerservices@brantfordpower.ca

Option 1 – Full Payment

I/we authorize Brantford Power Inc. to automatically debit my bank account for the full amount specified on my bill, on the due date indicated on my bill. This authorization is valid for all regular bills, reconciliation bills, and final bills.

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

I/we authorize Brantford Power Inc. to automatically debit my bank account for the Equal Payment Plan (EPP) amount of \$ _____ on a fixed due date of the ____ (choose either the 1st or 20th). I understand the EPP amount will be re-evaluated and adjusted annually in September.

I/we agree that the selected payment agreement will remain in effect until Brantford Power Inc. has received written notification from me/us requesting a change, or its termination, at least (10) business days before the next debit is scheduled.

To cancel your selected payment agreement, please complete and submit a cancellation form available at www.brantfordpower.com.

In the event that funds are not available on your withdrawal date, your Brantford Power Inc. account will be charged a \$15 NSF fee. This fee is in addition to any bank related charges/fees you may incur as result of insufficient funds.

Brantford Power Inc. will provide at least 10 notice days prior to any changes to the above agreement.

You have certain recourse rights if any automatic debit does not comply with this agreement. For more information on your rights, contact your financial institution or visit www.brantfordpower.com.

Customer Information (*please print*)

Start Date _____

Name(s) _____ 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"/>

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 VOID CHEQUE