

PRE-AUTHORIZED PAYMENT CANCELLATION FORM

Name(s): _____

HCH Account Number: _____

Type of Service (check one): Personal _____ Business _____

Service Address: _____

Mailing Address: (If different from above)

Telephone (Home): _____

Telephone (Work): _____

Fax: _____

Email: _____

I/We hereby cancel my/our authorization to issue pre-authorized
debits against my/our

account number _____

at (financial institution) _____

effective on _____.

I/We acknowledge that this cancellation does not terminate any other
obligation that I/we may have with Haldimand County Hydro Inc.

Note: Cancellation requests received within 10 days of the next
withdrawal date may not be processed in time to stop that
withdrawal. However, the cancellation is effective on the date signed
below and any subsequent withdrawals will be refunded.

Date

Payor/Valid Signing Authority(ies)

PLEASE RETURN THE FORM TO:



Haldimand County Hydro Inc.
1 Greendale Drive,
Caledonia, ON N3W 2J3
Fax: 905-765-8211

**Should you have any questions or need assistance,
please contact our Customer Service Department:**

Phone: 905-765-5211 or Toll Free: 1-877-872-2570

Fax: 905-765-821

Email: info@hchydro.ca