

# PRE-AUTHORIZED PAYMENT

## PAYMENTS MADE EASY

Haldimand County Hydro can help you find a few extra moments to spend on things you enjoy doing. By enrolling today in the pre-authorized payment plan, not only will you enjoy the convenience, you can save the cost of postage and the cost of cheques.

We will continue to mail your monthly statements so you may review your charges prior to your due date. On the due date specified on your bill, your bank will automatically deduct the amount from your account.

To enroll in Pre-Authorized Payment, fill out and send in the application form located on the reverse. Your first withdrawal will occur with your next billing.

If you are already enjoying the flexibility of our pre-authorized payment plan, we thank you for your participation.



# PRE-AUTHORIZED PAYMENT APPLICATION

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 authorize Haldimand County Hydro Inc. to debit my/our bank/trust account for monthly variable payments of my/our hydro/water account on the due date.

I will notify Haldimand County Hydro Inc. immediately if there is a change in my bank/trust account.

This authorization may be cancelled at any time upon 30 days written notice. For further information on your right to cancel this agreement or to obtain a sample cancellation form visit, [www.haldimandcountyhydro.ca](http://www.haldimandcountyhydro.ca).

Name of Financial Institution

Branch Address

Town

Province

Account No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

for

Joint Acct. \_\_\_\_\_

You [or I/We, depending on the context] have certain recourse rights if any debit does not comply with this agreement. For example, you [I/we] have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your [my/our] recourse rights, [I/we may] contact your [my/our] financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**\*Please send one of your cheques marked VOID for verification purposes along with this application.**

**Please mail or fax this completed application to:**



Haldimand County Hydro Inc.  
1 Greendale Drive, Caledonia, ON N3W 2J3  
Phone: 905-765-5211 or Toll Free: 1-877-872-2570  
Fax: 905-765-8211 • Email: [info@hchydro.ca](mailto:info@hchydro.ca)