



1340 Brant St., Burlington ON L7R 3Z7
Phone: 905.332.1851 Fax: 905.332.9644

Pre-Authorized Debit (PAD) Plan Form

Pre-Authorized: On the due date of your account the total amount owing will be withdrawn from your account
Equal Payment Pre-Authorized: Twelve equal monthly payments withdrawn from your account on the date you choose.

Please Note: Equal Payment is available for Residential and Small Commercial Customers only.

Please complete the PAD Plan agreement below and return with a blank cheque marked VOID

I/We authorize Burlington Hydro Inc. and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Burlington Hydro account(s). Regular monthly or bi-monthly payments for the full amount of services delivered will be debited to to my/our specified account on the due date of each bill. For regular pre-authorized and budget payments, BHI will provide a monthly/bi-monthly bill showing the withdrawal date and amount. Burlington Hydro will provide 10 days written notice of the amount of each regular debit. Burlington Hydro will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Burlington Hydro has received written 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.cdnpay.ca.

Burlington Hydro 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.cdnpay.ca.

Burlington Hydro uses the information we collect on this form only to facilitate pre-authorized payment for services. We are committed to protect your personal information in compliance with the Personal Information Protection and Electronic Documents Act.

Email: cservice@burlingtonhydro.com

website: www.burlingtonhydro.com

Names(s): _____ Burlington Hydro Acct No: _____

Type of Plan: Pre-Authorized Service Address: _____

(check one) Equal Payment Plan Withdrawal Date: _____ (1st - 28th)

Start Month: _____

Phone Number: _____ Phone Number (Alt.) _____

E-Mail Address _____

Type of Pre-Authorized Debit: Business _____ Personal _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____

Authorized Signature(s): _____ Date: _____

Authorized Signature(s): _____ Date: _____

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Pre-Authorized Debit application.