



Equal Payment Agreement Form

P.O BOX 20, Wasaga Beach, ON, L9Z 1A2

Phone: (705) 429 - 2517

Fax: (705) 429-2590

E-mail: hydro@wasagadist.ca

Website: www.wasagadist.ca

Please complete the Pre-Authorized Debit (PAD) Agreement

I/we authorize Wasaga Distribution 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 monthly payments and/or one-time payments from time to time, for payment of all charges arising under my/our Wasaga Distribution Inc. account(s). Regular payments for the full amount of services delivered will be debited to my/our specified account on the day agreed upon with Wasaga Distribution Inc. Wasaga Distribution Inc. will provide 10 days written notice of the amount of each regular debit. Wasaga Distribution Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Wasaga Distribution Inc. has received written notification from me/us of its change or termination. This notification must be received 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 <http://www.cdnpay.ca>.

Wasaga Distribution Inc. 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 recourse rights, I/we may contact my/our financial institution or visit <http://www.cdnpay.ca>.

Names(s):	_____	Wasaga Distribution Account #:	_____
Type of Account:	Personal <input type="checkbox"/>	Business	<input type="checkbox"/>
Address:	_____	City/Town:	_____
Province:	_____	Postal Code:	_____
Phone Number:	_____	email:	_____

Please complete the Equal Billing Agreement

MONTHLY EQUAL PAYMENT AMOUNT (QUOTED BY WASAGA DISTRIBUTION)	\$	_____		
MONTHLY EQUAL PAYMENT DATE (DEBITED FROM BANK ACCOUNT):	<input type="checkbox"/>	1ST	<input type="checkbox"/>	15TH

I/we hereby authorize Wasaga Distribution Inc. to process a debit, in paper, electronic or other entry form covering payment due by Wasaga Distribution Inc. payment of my/our monthly hydro bills. This amount may be increased or decreased at a future date as agreed to in writing by me/us and Wasaga Distribution Inc. Wasaga Distribution Inc. will to the best of their abilities advise me/us in writing of the revised amount at least 30 days in advance of the change amounts effective date. Any changes to my bank information I/we will provide Wasaga Distribution Inc. with at least five (5) business days to process the necessary changes. The undersigned financial institution is hereby authorized to pay and debit the designated account of the undersigned.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

**** To complete agreement we require a void cheque or bank deposit form ****