






1.  Complete the form
2.  Attach a Voided Cheque
3.  MAIL or DROP OFF
Thunder Bay Hydro Customer Service
34 N. Cumberland Street
Thunder Bay, ON P7A 4L4
-  FAX
 - Scan your cheque
 - FAX the form and scanned cheque to (807) 343-1044
4.  Phone: (807) 343-1131 if you have questions

	<h2 style="margin: 0;">Pre-Authorized Debit (PAD) Agreement</h2>
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Name(s):	Phone:	Alt. Phone:
Address:	Email:	
Financial Institution:	Thunder Bay Hydro Account Number:	
Financial Institution Address:	Type of Service: <input type="checkbox"/> Personal <input type="checkbox"/> Business	
Authorized Signature(s)	Account #	Transit #

I / we authorize Thunder Bay Hydro 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 regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Thunder Bay Hydro account.

I understand and agree to the terms of the back of this document.

Date: _____

Terms

Regular monthly/bi-monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date. Thunder Bay Hydro will provide 10 days written notice of the amount of each regular debit. Thunder Bay Hydro will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Thunder Bay 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 above. 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.

Thunder Bay 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, unless otherwise specified in a separate agreement for this service address.

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.