

RENFREW HYDRO INC.

B-499 O'Brien Rd.
Renfrew, ON K7V 3Z3



PRE-AUTHORIZED DEBIT AGREEMENT

MONTHLY EQUALIZED PAYMENT

PERSONAL INFORMATION (Please Print):

Name(s): _____ Renfrew Hydro Account Number: _____

Address: _____ City/Town: _____ Postal Code: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Signature: _____ Date: _____

Signature*: _____ Date: _____

These services are for (check one): Personal Use Business Use

I am/We are: Applying for a Pre-Authorized Payment Plan Changing information on my existing plan

*For joint accounts where more than one signature is required on cheques, all account holders must sign.

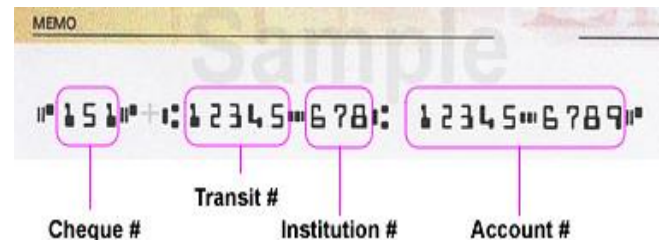
BANKING INFORMATION: ** Please attach VOID Cheque**

Name of Financial Institution: _____

Transit Number (5 Digits): _____

Institution Number (3 Digits): _____

Account Number: _____



EQUALIZED PAYMENT INSTRUCTIONS (BUDGET BILLING):

Equalized Monthly Payment \$ _____ First Payment (Month/Year) _____

Preferred Payment Date: 5th of every month 25th of every month

I/We authorize Renfrew 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 of **my Equalized Payment Plan** arising under my/our Renfrew Hydro Inc. account. The equalized payment may be increased or decreased at a future date, and charges may also include a **Variable** amount from a yearly reconciliation of the account and/or final bills issued upon closure of my account. Renfrew Hydro Inc. will provide 15 days advance notice of all changes and variable amounts to be debited.

This authority is to remain in effect until Renfrew Hydro Inc. 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 Pre-Authorized Debit Agreement ("PAD") at my/our financial institution or by visiting www.cdnpay.ca.

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.

Please complete this form, **attach a void cheque** and mail it to:

Renfrew Hydro Inc.
B-499 O'Brien Rd.
Renfrew, ON K7V 3Z3

Or Fax it to: 613-432-7463

Email it to: info@renfrewhydro.com