

# RENFREW HYDRO INC.

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



# PRE-AUTHORIZED DEBIT AGREEMENT

## 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.

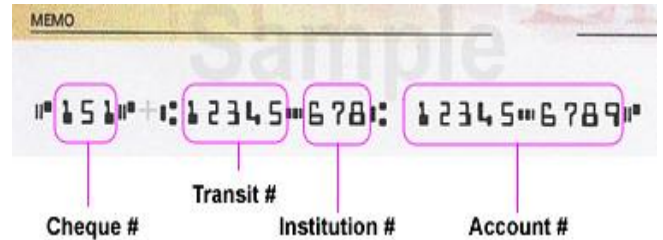
## BANKING INFORMATION: \*\* Please attach VOID Cheque\*\*

Name of Financial Institution: \_\_\_\_\_

Transit Number (5 Digits): \_\_\_\_\_

Institution Number (3 Digits): \_\_\_\_\_

Account Number: \_\_\_\_\_



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 payment of **all charges (Variable)** arising under my/our Renfrew Hydro Inc. account including all regular bills and final bills issued upon closure of my account. **Regular payments for the full amount of services delivered will be debited to my/our specified account on the due date. Renfrew Hydro will send an invoice specifying the due date and the amount of the debit.**

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](http://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](http://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](mailto:info@renfrewhydro.com)