

Authorization Agreement for the PRE-AUTHORIZED DEBIT PLAN



CANADIAN NIAGARA POWER INC.

A FORTIS ONTARIO
Company

I/We authorize Canadian Niagara Power Inc. ("CNPI"), 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 CNPI account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our account on the due date. CNPI will provide ten (10) days written notice of the amount of each regular debit. CNPI will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until CNPI has received written notification from me/us of its change or termination. This notification must be received at least ten (10) days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information to my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnipay.ca.

CNPI may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (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 the 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.cdnipay.ca.

Canadian Niagara Power Inc. collects, maintains and uses personal customer information to provide electrical service, programs and services to customers. By providing the requested information, you consent to its use for these purposes. CNPI will safeguard all of the information you provide us, and will not share this information with outside parties except for purposes identified in the Company's *Privacy Policy* through our website at www.fortisontario.com or by contacting our Privacy Officer at (905) 871 – 0330 or 1-800-278-5394, or email at info@fortisontario.com.

PLEASE PRINT

CNPI Account #: _____

Type of Plan: **Pre-authorized Debit ONLY**
(Select one) **Pre-authorized Debit & Equalized Billing Plan**
Please note: this option is not suggested for accounts with less than 12 months of continuous service with CNPI

Type of Service: **Personal**
(Select one) **Business**

Name(s): _____

Address: _____

City/Town: _____ Province _____ Postal Code _____

Phone Number (Res): _____ Phone Number (Bus/Cell): _____

ATTACH COPY OF VOID CHEQUE FOR VERIFICATION

Financial Institution (FI): _____ Address: _____

City/Town: _____ Province _____ Postal Code _____

Branch Number: _____ FI Number: _____ FI Account Number: _____
(5 digits) (3 digits)

Authorized Signature(s): **X** _____ Date: _____

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