



Oakville Hydro
Electricity Distribution Inc.
 P.O. Box 1900
 861 Redwood Square
 Oakville ON L6J 5E3
 Telephone: 905-825-9400
 Fax: 905-825-4447
 email: hydro@oakvillehydro.com
 www.oakvillehydro.com

PLEASE PRINT CLEARLY

Hydro Account # _____ Home Phone # () _____
 Name: _____ Office Phone # () _____
 Service Address: _____
 Email Address: _____
 (if applicable)

AUTOMATIC PAYMENT PLAN AUTHORIZATION
Please choose ONE plan

BASIC PAYMENT PLAN	EQUAL PAYMENT PLAN (residential only)
<input type="radio"/> Full payment withdrawn on my bill's due date	<input type="radio"/> 2nd of each month <input type="radio"/> 16th of each month

**YOU MUST PAY YOUR ACCOUNT IN FULL BEFORE
 THE APP CAN BE STARTED!**

If you choose the Equal Payment Plan, periodically we will review your consumption for the previous 12 months and adjust your Equal payment amount accordingly.

I hereby authorize the bank named on the unsigned cheque marked "VOID" to debit my account for all regular payments to Oakville Hydro Electricity Distribution Inc. I understand that each payment shall be handled the same as if I/we had written a cheque or withdrawn the amount specified from the account. This authorization may be cancelled at any time upon TEN DAYS written notice. Oakville Hydro Electricity Distribution Inc. reserves the right to cancel this agreement if, for any reason, a payment is not received.

For a joint account, if more than one signature is required on cheques, *all* must sign this form.

Date: _____ Signature: _____
 Signature: _____

When returning this form:

- **Please pay your current bill as you normally would**
- **Please enclose an unsigned cheque marked "VOID"**
- **Please ensure the authorization form is signed**