



RESIDENTIAL PAYMENT PLAN OPTIONS AND SECURITY ARRANGEMENTS

Please complete and return within 10 business days

Part 1 – Payment Plan Options

- A. _____ I/We would like to enroll in the Actual Monthly Amount Pre-Authorized Payment Plan.
- B. _____ I/We would like to enroll in the Budget Billing Pre-Authorized Payment Plan.
Your Customer Service Representative will notify you of your monthly budget amount.

If you have selected A or B, please complete Part 2 below.

Date: _____

I/We hereby authorize Newmarket Hydro ('NH') to debit my/our Bank/Trust account for payments due by the undersigned to NH in payment of my/our monthly billed services. The financial institution named below is hereby authorized to pay and debit the designated account. I/We undertake to ensure sufficient funds will be available each month to cover the withdrawal and acknowledge that insufficient funds may result in service charges as applicable and possibly cancellation of my/our enrollment in this payment plan. This authorization may be cancelled at any time by me/us.

Financial Institution

Account Number (Must have chequing privileges)

NH Account No.

Branch Address

Service Address:

Signature

Signature* (For joint accounts, if more than one required)

Please include an unsigned cheque marked "VOID" for the account indicated with this form.

Part 3 – Security Arrangements

- _____ Current Payment History with Newmarket Hydro _____ Payment History with an Ontario electric utility
(Please enclose reference letter)
- _____ Deposit _____ Equifax Credit Report
(Please complete the authorization below)

Equifax Authorization

I/We authorize the sharing or exchange of reports and information with credit reporting agencies, credit bureau and/or any other person, corporation, firm or enterprise with whom I have or propose to have a financial relationship. I authorize these parties to give you the information you may legally request.

Previous Address: _____ City/Town: _____
(No.) (Street)

Postal Code: _____ Date of Birth (Optional): _____ SIN (Optional): _____ - _____ - _____

Date: _____ Signature: _____