



AUTHORIZATION FOR PRE-AUTHORIZED EXTERNAL DEBIT

Please fill out every section of this form to have your financial institution make payments directly from your account. Return the completed form to the payee along with a blank cheque marked "CANCELLED" (insert business' name and complete address).

PAYEE

Name of business HEARST POWER DISTRIBUTION COMPANY LIMITED	
Street 925 ALEXANDRA STREET, P.O. BAG 5000	
Town HEARST, ONTARIO	Postal code P0L 1N0
Phone number 705-372-2815	

Financial institution branch – please print

Name of financial institution
Street
Town
Postal code

Account holder(s) (payor) – please print

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Family name	Surname
Name of business		
Street		
Town	Postal code	
Branch number	Account number	

I (we), account holder(s), authorize the payee and the financial institution named above to debit my (our) account, at the above indicated branch of the financial institution, under the conditions agreed to by me (us) with the payee, until such time as written notice to the contrary is given by me (us) to the payee.

The branch of the financial institution at which I (we) hold the account is not required to verify that the payment(s) is (are) drawn in accordance with this authorization.

A debit, in paper, electronic or other form, in the amount of \$ _____, may be drawn from my (our) account every
1st _____ days 7 days 14 days 1 month 6 months _____ year, beginning _____ and until
_____ or until such time as I (we) provide written notice to the contrary.

Items debited by error will be reimbursed subject to notification by me (us) to the branch within 90 days under any of the following conditions:

- a) I (we) never provided the authorization to the payee;
- b) the pre-authorized debit was not drawn in accordance with this authorization;
- c) my (our) authorization was revoked;
- d) the debit was posted to the wrong account due to incorrect account information supplied by the payee.

I (we) understand that a written declaration to this effect must be given to my (our) financial institution.

I (we) acknowledge that delivery of this authorization to the payee constitutes delivery by me (us) to the above-noted financial institution.

Signature(s) of account holder(s)

Date

Signature(s) of account holder(s)

Date