

Preauthorized Payment Plan
CUSTOMER AUTHORIZATION FORM



To enroll in the Preauthorized Payment Plan, please complete this application and mail or fax it along with your **VOID CHEQUE**.

Mail:
Festival Hydro
PO Box 397, Stratford, Ontario N5A 6T5

Tel. 519 271 4700 or 1 866 444 9370
Fax: 519 271 7204

PLEASE PRINT

Date _____

Name(s) _____

Festival Hydro Account Number _____

Type of Service (please check one box) Personal Business

Address _____

City/Town _____ Province _____ Postal Code _____

Phone Number (Res.) _____ (Bus.) _____

BANK ACCOUNT INFORMATION

Financial Institution _____

FI Account Number _____

FI Transit Number _____ - _____ (branch – 5 digits | bank id – 3 digits)

FI Address _____

I hereby authorize the financial institution named above to debit my account for payment of my Festival Hydro bill on my due date. Festival Hydro will provide ten (10) days written notice of the amount of each debit.

This authority will remain in effect until Festival Hydro receives written notification at least ten (10) business days before the debit is scheduled from me or until Festival Hydro sends me notice of its change or termination.

Festival Hydro may not assign authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days written notice to the customer.

OVER...

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAP that is not authorized or is not consistent with this PAP agreement. To obtain a reimbursement claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Authorized Signature(s)* _____

* If more than one signature is required on a cheque, then both signatures are needed here.