



# Pre-Authorized Payment Plan Form

## 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, ON N5A 6T5

Tel.: 519 271 4700 or 1 866 444 9370  
Fax: 519-271-7204  
Email: customerservice@festivalhydro.com

**PLEASE PRINT:**

Date (DD/MM/YYYY):		Name (First & Last):	
Festival Hydro Account #:		Type of Service:	
		Personal	Business
Address:		Unit or Apt #:	
City/Town:	Province:	Postal Code:	
Phone (Res.):		Phone (Bus.):	

**BANK ACCOUNT INFORMATION**

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 send 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. 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](http://www.cdnpay.ca)

**AUTHORIZED SIGNATURE(S):**

\*if more than one signature is required on a cheque, then both authorized signatures are necessary on this form.