



GENERAL SERVICE PAYMENT PLAN OPTIONS

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.
Please complete Part 2 below
- B. _____ I/We will be making payment by Electronic Funds Transfer.
Please complete Part 3 below.

Part 2 – Pre- Authorized Payment Plan

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 – Electronic Funds Transfer

Date: _____

I/We agree to make payment of my/our monthly billed services on or before the due date of all bills issued by Electronic Funds Transfer into Newmarket Hydro's payments account according to the following instructions:

Financial Institution: TD Canada Trust	Account Number: 31022 3102 0301038
Address: 16655 Yonge Street, Newmarket, ON	Postal Code: L3Y 1V6
Phone: (905) 836-5949	Fascimile: (905) 836-8771
Transaction Description: "EFTACCT "	

I/We further understand and acknowledge that payments made with other than the above Transaction Description may not be processed by the due date of our bill and accept any and all late payment charges and other actions taken by Newmarket Hydro in accordance with its Conditions of Service that may result.

Signature: _____ I have the authority to bind the Corporation