



Pre-Authorized Payment Agreement (Please complete the Agreement Below)

I/we authorize Oakville Hydro Energy Services Inc./O-H-Metering, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payment and/or one-time payments from time to time, for payment of all charges arising under my/our OHESI/O-H-Metering account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st business day of each month. OHESI/O-H-Metering will obtain my/our authorization for any other one-time charges.

This authority is to remain in effect until OHESI/O-H-Metering has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a Pre-authorized Payment Agreement (PAP) at my/our financial institution or by visiting www.cdnplay.ca. OHESI/O-H-Metering may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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

In the event that my pre-authorized payment is returned for Non-sufficient Funds (NSF), I understand that OHESI/O-H-Metering will make one (1) attempt to have the payment honoured by my financial institution. Service charges may apply.

PLEASE PRINT

** Deposit will be waived if PAP form completed*

Name _____ O-H-Metering Acct. Number _____

Address _____ City _____

Postal _____ Phone Number _____

OPTION 1 For Bank Account Payments (Please include a Void Cheque)

Account Holder First/Last Name _____ Acct# _____

Financial Institution _____ Transit # (5 digits) _____ Bank # (3 digits) _____

OPTION 2 For Credit Card Payments

Name as it Appears on Credit Card _____

Visa MasterCard Credit Card Number _____

CW Code (Security Code Found on Back) _____ Expiry (mm/yy) _____

Signature _____ Date _____