



# Milton Hydro Distribution Inc.

8069 Lawson Rd.  
Milton, Ontario  
L9T 5C4  
Phone: (905) 876-4611  
Fax: (905) 876-2044

## Pre-Authorized Credit (PAC) Plan Form

Please complete PAC Plan agreement below and return with a blank cheque marked **VOID**.

I/We authorize Milton Hydro Distribution Inc. (Milton Hydro), and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deposits as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Milton Hydro account(s). Regular monthly payments for the full amount of services received by Milton Hydro will be credited to my/our specified account on the due date of each bill. For regular pre-authorized payments, Milton Hydro will provide a monthly bill showing the deposit date and amount. Milton Hydro will provide 10 days written notice of the amount of each regular credit. Milton Hydro will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Milton Hydro has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next credit is scheduled at the address provided below.

Milton Hydro 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 credit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAC that is not authorized or is not consistent with this PAC Agreement. 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.cdnpay.ca](http://www.cdnpay.ca)

### PLEASE PRINT

Name(s): \_\_\_\_\_ Milton Hydro Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number (Alt.): \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
mmm/dd/yyyy

GST Number: \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_  
(branch 5 digits - FI 3 digits)

FI Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_