



Pre-Authorized Credit (PAC) Plan Form/Notice of Change Form

Choose the following:

- Initial application
- Request for change in Mailing Address on existing account
- Request for change in Banking Information on existing account

OPA microFIT Contract Holder must complete PAC Plan agreement below and return with a blank cheque marked

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 delivered will be credited to my/our specified account on the due date of each bill. For regular pre-authorized and budget 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 credits.

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

PLEASE PRINT (ALL FIELDS TO BE COMPLETED BY OPA MICROFIT CONTRACT HOLDER)

OPA MicroFIT Contract Reference Number: _____

Legal Name(s) on: OPA microFIT Contract or Milton Hydro microFIT Account: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____ Phone Number (Alt.): _____

Email Address: _____ HST Number: _____

BANKING **

- Initial application
- Request for change in Banking Information on existing account

Financial Institution (FI): _____

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

FI Address: _____

City/Town: _____ Province: _____ Postal Code: _____

**** VOID CHEQUE REQUIRED**

Authorized Signature(s) of OPA microFIT Contract or Milton Hydro microFIT Account Holder (*original signature only*):

Print Name: _____

Print Name: _____

Date: _____

EMAIL: microFIT@miltonhydro.com