



Payor's Pre-Authorized Debit Agreement

I/we authorize Ottawa River Power Corporation 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 payments and/or one-time payments from time to time, for payment of all charges arising under my/our Ottawa River Power Corporation account(s). Regular payments for the full amount of services delivered will be debited to my/our specified account on the day agreed upon with Ottawa River Power Corporation. Ottawa River Power Corporation will provide 10 days written notice of the amount of each regular debit. Ottawa River Power Corporation will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Ottawa River Power Corporation has received written notification from me/us of its change or termination. This notification must be received ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Ottawa River Power Corporation 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Date: _____ Account #: _____

Name(s): _____

Bank Account & Transit #: _____

**** Please attach void cheque ****

Exact Payment Plan

I/We authorize Ottawa River Power Corporation to debit my/our bank account on the due date for my hydro account.

Budget Payment Plan

I/We authorize Ottawa River Power Corporation to debit my/our bank account based on the monthly average. The amount may be revised from time to time due to changes in consumption and/or rates.

Monthly Average: \$ _____

Authorized Signature(s): _____

Please submit this form to the offices of Ottawa River Power at one of the following locations:

Pembroke Office

283 Pembroke St. West
Pembroke ON K8A 6Y6
Tel: (613) 732-3687
Fax: (613) 732-8199

Almonte Office

28 Mill Street • Box 179
Almonte ON K0A 1A0
Tel: (613) 256-3722
Fax: (613) 256-3994