ENWIN Utilities Automatic Payment Plan Application Form

I/We authorize *ENWIN* Utilities 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 payments and/or one-time payments from time to time, for payment of all charges arising under my/our *ENWIN* Utilities account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date indicated on the billing. *ENWIN* Utilities will issue regular billings with a due date (approximately 16 days after the bill creation date). *ENWIN* Utilities will obtain my/our authorization for any other debits concerning items outside of my utilities services account.

This authority is to remain in effect until *ENWIN* Utilities has received written/verbal notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. *ENWIN* Utilities may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (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 debit that is not authorized or is not consistent with this APP Agreement. To obtain more information on my/our recourse right I/we may contact my/our financial institution or visit www.cdnpay.ca

Please complete the Automatic Payment Plan application, below:

Customer Information ***(print clearly)***

Name

Service Address *City* *Province* *Postal Code*

Phone Number *Alt Number* *E-Mail address*

ENWIN Account Number

These services are for (check one): Residential ☐ Business ☐

Financial Institution Information

Financial Institution Name *Branch Address* *City*

Financial Institution Account Number *Branch Transit Number* *Financial Institution Number*

Authorized Signature: Date:

I hereby authorize *ENWIN Utilities* to charge my bank account to pay my monthly Utility bills.

Complete this form and send it to *ENWIN* Utilities Ltd:

Fax to: 519-255-7423 or Mail to: *ENWIN* Utilities Ltd.
787 Ouellette Ave
PO Box 1625, Station A
Windsor Ontario N9A 5T7
Tel: 519-255-2727

Please ensure that a VOID cheque is included with the completed enrolment form.