

**GENERAL SERVICE GS1  
PAYMENT PLAN OPTIONS**

Please complete and return within 10 business days

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**Part 1 – Payment Plan Options**

- A. \_\_\_\_\_ I/We would like to enroll in the Actual Monthly Amount Pre-Authorized Payment Plan.
- B. \_\_\_\_\_ I/We would like to enroll in the Budget Billing Pre-Authorized Payment Plan.  
Your Customer Service Representative will notify you of your monthly budget amount.

If you have selected A or B, please complete Part 2 below.

**Part 2 – Payment Plan Authorization**

Date: \_\_\_\_\_

I/We hereby authorize Tay Hydro ('TH') to debit my/our Bank/Trust account for payments due by the undersigned to TH in payment of my/our monthly billed services. The financial institution named below is hereby authorized to pay and debit the designated account. I/We undertake to ensure sufficient funds will be available each month to cover the withdrawal and acknowledge that insufficient funds may result in service charges as applicable and possibly cancellation of my/our enrollment in this payment plan. This authorization may be cancelled at any time by me/us.

Financial Institution \_\_\_\_\_

Account Number \_\_\_\_\_ (Must have chequing privileges)

Tay Account No : \_\_\_\_\_

Branch Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Signature\* (For joint accounts, if more than one required) \_\_\_\_\_

**Please include an unsigned cheque marked "VOID" for the account indicated with this form.**

**Part 3 – Security Arrangements (CHOOSE ONE)**

\_\_\_\_\_ Current Payment History with Tay Hydro

\_\_\_\_\_ Payment History with a Canadian electric utility  
(Please enclose reference letter)

\_\_\_\_\_ Deposit

\_\_\_\_\_ Equifax Credit Report  
(Please complete the authorization below)

Equifax Authorization

I/We authorize the sharing or exchange of reports and information with credit reporting agencies, credit bureau and/or any other person, corporation, firm or enterprise with whom I have or propose to have a financial relationship. I authorize these parties to give you the information you may legally request.

Previous Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_  
(No.) (Street)

Postal Code: \_\_\_\_\_ Date of Birth (Optional) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SIN (Optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
YR / MON/ DAY

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_