



Automatic Monthly Payment Plan Authorization Agreement

I hereby authorize Entegrus Powerlines Inc. to draw amounts from my financial institution for the automatic payment of my Entegrus Powerlines Inc. billing.

Account Number	Change Banking Info Only <input type="checkbox"/>
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Name (please print first and last name):

Mailing Address:

City:

Province:

Postal Code:

Home Phone:

Work Phone:

Service Address:

Unit #:

Email Address:

I further Authorize to debit the account shown below for all payments, payable to Entegrus Powerlines Inc. in the amount and on the due date as specified on the Account Billing Statement. I understand that each payment shall be handled as if I/We had written a cheque or had withdrawn the amount specified from the account.

This authorization may be cancelled at any time upon due notice

Name of

Financial Institution:

Transit#:

Bank#:

Account#:

I will notify the Entegrus Powerlines Inc. immediately of any change in bank account information.

Signature:

Date:

BILLING AMOUNT OPTIONS – SELECT ONLY ONE

Regular Monthly Bill Amounts Based on Actual and/or Estimated Consumption

Equal Payment Amount Subject to Revision by Entegrus Powerlines Inc.

OFFICE USE ONLY

Equal Payment Amount & Date:

Entered By & Date:

Entegrus Powerlines Inc. will withdraw the amount on your actual **DUE DATE**.

Mailing Address: P.O. Box 460

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