



Application Form Monthly Budget Pre-Authorized Payments

Date:

Name:

Address:

City:

Account Number :

Service Address :

BUDGET BILLING (Residential accounts only)

Equal monthly payments will be automatically withdrawn from your bank account. The date of your monthly withdrawal amount is dependant upon your service address (either the 1st or the 15th of the month). Your monthly withdrawal amount may be reviewed twice a year and the debit/credit balance will be calculated and rolled over into a new monthly budget amount. If your revised monthly withdrawal amount warrants an increase or decrease, you will be notified prior to your next withdrawal date

Note: Your account must be at a zero balance in order to start this plan.

*****PLEASE ATTACH A BLANK CHEQUE MARKED VOID*****

I / We hereby authorize Halton Hills Hydro Inc to debit my/our bank account on the specified date. I / We understand that each payment shall be handled the same as if I / we had written a cheque or withdrawn the amount specified from the account. I / We also realize it is my / our responsibility to check the statement for any errors and contact Halton Hills Hydro Inc within 10 days of the billing date.

Date _____ **Signature** _____

The budget withdrawals may be cancelled with written confirmation at any time allowing 14 days to terminate the option. Halton Hills Hydro Inc reserves the right to remove the customer from the plan at any time.

For more information, please contact the Customer Care Department

HALTON HILLS HYDRO INC
43 Alice Street, Acton, ON, L7J 2A9
Office Hours Monday – Friday 8:30a.m. – 4:30p.m.
(519) 853-3701, Outlying Areas (905) 453-2222

Please return completed form with Void cheque by fax to (519) 853-2621, email to inquiries@haltonhillshydro.com or mail to our office in Acton.