



**ENBRIDGE ELECTRIC CONNECTIONS
AUTO-PAY AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

I / We authorize Enbridge Electric Connections Inc. 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 Enbridge Electric 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. Enbridge Electric will issue regular written billings with a due date being 16 days after the bill creation date. Enbridge Electric 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 Enbridge Electric Inc has received written notification from me / us of its change or termination. This notification must be received at the address provided below at least ten (10) calendar days before the next withdrawal is scheduled. Enbridge Electric 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, such as reimbursement for pre-authorized payments that were not consistent with this agreement.

I / We may obtain a sample Cancellation Form, Reimbursement Claim Form or more information on my / our rights regarding my pre-authorized payments at my / our financial institution or by visiting www.cdnpay.ca.

PLEASE PRINT AND COMPLETE THE AUTO-PAY AGREEMENT BELOW:

Name: _____
First Name Middle Initial Last Name

Enbridge Electric Account Number: _____ Service Type: Personal _____ Business _____

Service Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Mailing Address: _____

Residence Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
Branch 5 digits FI-3 digits

FI Address _____
Street Address City/Town Prov Postal Code

Authorized Signature(s): _____ Date: _____

**PLEASE RETURN THIS SIGNED AGREEMENT WITH A VOID CHEQUE TO ENBRIDGE ELECTRIC CUSTOMER CARE:
By mail addressed to PO Box 1645, Stn. "A", Windsor, ON N9A 7J8 or by fax to 1-866-521-8882 or via email to ecustomercare@enbridge.com. Telephone inquiries should be directed to: 1-866-449-4423.**

The information collected on this form is for the sole purpose of providing our customers with electrical service and for the collection of our customer accounts. For a copy of the Enbridge Electric Privacy Policy, see our website: www.enbridgeelectric.com or contact Customer Care at 1-866-449-4423.