



Utilities Kingston Pre-Authorized Debit

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Utilities Kingston 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, for payment of all charges arising under my/our Utilities Kingston account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account each month. Utilities Kingston will provide 10 days written notice of the amount of each regular debit, in the form of your utility bill.

Utilities Kingston will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Utilities Kingston has received written 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. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting our website @ www.utilitieskingston.com. Utilities Kingston may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Name(s): _____ Utilities Kingston Account Number: _____

Type of Service: Personal ____ Business ____

Address: _____

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

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(branch -5 digits; FI - 3 digits)

Address: _____

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

Authorized Signature(s): _____ Date _____

Utilities Kingston
Attention: Customer Service Department
PO BOX 790
Kingston, Ontario K7L 4X7
Tel: (613)-546-0000 Fax: (613)-546-7816
E-mail: info@utilitieskingston.com