

**RESIDENTIAL
PAYMENT PLAN OPTIONS AND CREDIT AUTHORIZATION**

APPENDIX "T"

Part 1 – Payment Plan Options

1. _____ I/We would like to enroll in the Actual Monthly Amount Pre-Authorized Payment Plan.
2. _____ I/We would like to enroll in the Equal Payment Plan.
You will be notified of your monthly budget amount by your Customer Service Representative.

If you have selected 1 or 2, please complete Part 2 below.

Part 2 – Payment Authorization

Date: _____

I/We hereby authorize Newmarket Hydro Ltd. ('NHL') to debit my/our Bank/Trust account for payments due by the undersigned to NHL 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 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)

NHL 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 – Authorization for Credit Verification

Please complete this Part if you wish Newmarket Hydro Ltd. to use an Equifax credit rating for your security arrangements.

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/Town: _____
(No.) (Street)

Postal Code: _____ Date of Birth (Optional): _____ SIN (Optional): _____ - _____ - _____

Date: _____ Signature: _____