

SIOUX LOOKOUT HYDRO INC.
Payor's Pre-Authorized Debit (PAD) Agreement

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

I/we authorize Sioux Lookout Hydro 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 by/our Sioux Lookout Hydro Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date each month. Sioux Lookout Hydro Inc. will provide at least 10 days written notice of the amount of each regular debit. Sioux Lookout Hydro Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Sioux Lookout Hydro Inc. 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 www.cdnpay.ca.

Sioux Lookout Hydro Inc. 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 received 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

CUSTOMER INFORMATION

Name(s): _____ Sioux Lookout Hydro Inc. Account #: _____
Address: _____ Type of Service: Personal Business
City/Town: _____ Province: _____ Postal Code: _____
Phone Number: (Bus) _____ (Res) _____

BANK ACCOUNT INFORMATION

Deposit Account Number: _____ Bank Transit Number: _____
Financial Institution Number: _____ Chequing Account Savings Account
Financial Institution: Name: _____
Branch Address: _____
Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable): _____
Name: _____ Name: _____
(Please Print) (Please Print)
Date: _____ Date: _____

When this form is complete, mail or fax along with a void cheque to: Sioux Lookout Hydro Inc.
P.O. Box 908, 25 Fifth Avenue
Sioux Lookout, Ontario P8T 1B3
Tel: 1-807-737-3800 Fax: 1-807-737-2832
E-mail: info@siouxlookouthydro.com