

As an Algoma Power "Equal Billing Plan" customer, I understand the following guidelines:

- ✓ My account must not have a balance owing before starting the equal billing plan.
- ✓ Equal billing is available only when combined with Pre-Authorized Debit (**complete the PAD form on the reverse**).
 - I can choose either the 1st or the 15th of every month for my monthly payment (Equal Billing Amount) to be withdrawn automatically from my chequing account.
- ✓ My previous annual consumption will be divided by twelve to establish the amount that I pay per monthly instalment.
 - Monthly payments for residential services start with the September/October bill.
 - Monthly payments for seasonal services start after the fall invoice.
 API will advise me of the monthly dollar amount and date of the amount before my first monthly PAD occurs.
- ✓ Reconciliation (settle-up) of my account between actual consumption charges for the year and the total of the equal bill payments occurs on the last bill of the equal billing year.
 - If the settle-up total from the preceding equal instalments is a credit balance (I've paid for more power than I have consumed), it will be applied against my regular consumption bill. If the credit is over \$10.00 more than my billing, it will be refunded to me by cheque after the settle-up billing date. If it is less than \$10.00 more, it will remain on my account. Regular monthly pre-authorized debits will resume in the month following my refund.
 - If I have a debit balance for the equal billing year (I consumed more power than what was paid for), this amount will be added to my regular consumption bill, and the total amount will be withdrawn from my bank account on the next regular PAD date.
- ✓ I will remain enrolled unless I submit a written request to be removed from the plan within one month of the due date of my last bill.
- ✓ A year-to date balance is shown on my bill. If I think it shows too much owing or too large a credit, I can contact API to have the equal billing amount changed.
- ✓ Any returned payments will be charged a \$15.00 service charge by Algoma Power Inc. Immediate reimbursement (by a means other than PAD) is required to remain on the Equal Billing/PAD Plan.
- ✓ Algoma Power reserves the right to discontinue the Equal Billing Plan if a PAD is returned from my bank on more than one occasion.

Customer API Account Number _____ - _____

API Account Name _____

Day of Month to draft your account (circle your choice): 1st 15th

Phone 1-705-256-3850 or 1-877-457-7378 for the monthly equal billing amount and record it here: \$ _____

Telephone number to reach me between 8:00 a.m.- 4:30 p.m. weekdays _____

I have read the information above thoroughly. I agree to follow the conditions and guidelines set out by API.

(Customer Signature)

(Date)

Note: This is an application for **Equal Billing**. If you have not signed up for the Pre-authorized Debit plan already, please complete and return the **Authorization Agreement for the Pre-authorized Debit plan on the reverse of this page and enclose a "void" cheque** (from the bank account from which you want your payment withdrawn) too.

Return to: Algoma Power Inc., 2 Sackville Road, Suite A, Sault Ste Marie, ON P6B 6J6
Telephone: 1-705-256-3850 or Toll Free at 1-877-457-7378



Authorization Agreement for the PRE-AUTHORIZED DEBIT PLAN

I/We authorize Algoma Power Inc. ("API"), 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 bi-monthly, monthly, or annual regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our API account(s). Regular bi-monthly, monthly, quarterly or annual payments for the full amount of services delivered will be debited to my/our specified account on the due date. API will provide ten (10) days written notice of the amount of each regular debit. API will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until API 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.

API 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. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the 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.

Algoma Power collects, maintains and uses personal customer information to provide electrical service and programs and services to customers. By providing the requested information, you consent to its use for these purposes. API will safeguard all of the information you provide to us, and will not share this information with outside parties except for purposes identified in the Company's *Privacy Policy* or when required to do so by law. You can obtain a copy of our *Privacy Policy* through our website at www.fortisontario.com or by contacting our Privacy Officer at (905) 871-0330 or 1-800-278-5394, or email at info@fortisontario.com.

ATTACH COPY OF VOID CHEQUE FOR VERIFICATION

PLEASE PRINT

Date: _____

Name(s): _____ API Account #: _____

Address: _____

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

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

Cell Number: _____

Financial Institution (FI): _____

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

Address: _____

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

Authorized Signature(s): _____

Plan Selection (please check one): Pre-authorized Payment and Equalized Billing Plan
 Pre-authorized Payment Plan ONLY

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Email: customerservice@algomapower.com