



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): _____

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