



EQUAL PAYMENT PLAN (EPP) APPLICATION FORM

Contract Account Number: _____

Customer Name: _____

As an Algoma Power Inc. (API) "Equal Payment Plan" customer, I understand the following:

- My account must *not* have a balance owing to start the Equal Payment Plan
- The EPP amount is due on the "due date" shown on my monthly statement
 - If the EPP amount is not paid on or before the due date; I may be removed from the plan at API's discretion
- My previous annual billing total will be divided by twelve to establish the amount that I pay per month
 - If I am a new customer with API - the previous customer's annual billing total will be used to establish the EPP amount that I pay per month
 - If billing history is not available - API will determine the monthly EPP amount
- Reconciliation (settle-up) of my account between actual consumption charges for the year and the total of the EPP will occur on the 12th month of the equal payment year
 - Example: Sign up (start) EPP Jan 2014 – Settle-up will occur on the Dec 2014 statement
 - If the settle-up total is a credit balance (I've paid for more power than I have consumed), it will be applied against my account; at this time, I may request a refund cheque prior to the next bill
 - If the settle-up total is a debit balance (I consumed more power than the total of my equal payments), this amount will become due in full
 - If I am on Pre-Authorized Debit, this amount will be withdrawn from my bank account on the due date
 - If I am unable to pay my settle-up in full, I will contact API's Customer Service Department to discuss options available to me

- The EPP balance (year-to-date balance) is shown on my monthly statement. Based on this, I can contact API at any time to request that my EPP amount be increased or decreased.
- I will remain enrolled unless I submit a signed "Equal Payment Plan Cancellation" form
 - Upon removal from EPP the debit balance will be due immediately
 - I cannot re-enrol on EPP for a period of two months
- API will periodically review EPP amounts and may increase or decrease the EPP amount; you will be notified prior to the change

Start Date: _____
MONTH/YEAR

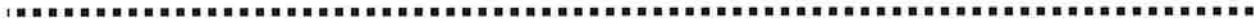
Reconciliation Date: _____
MONTH/YEAR

Equal Billing Amount: \$ _____

I have read and understand the above information:

Customer Signature: _____

Date: _____



FOR OFFICE USE ONLY

Date Entered: _____

Entered By: _____