



Pre-Authorized Payment (PAD) Agreement

INSTRUCTIONS:

1. Complete the form
2. Attach a void cheque or pre-authorized form from your Financial Institution
3. **Email to:** customerservice@synergynorth.ca

OR

Mail or drop off to:

Synergy North Customer Service
 34 Cumberland St N
 Thunder Bay, ON P7A 4L4

Account Holder Name: _____	Telephone #: _____
Service Address: _____ _____	Synergy North Account #: _____
Financial Institution Name: _____	Type of Service: <input type="checkbox"/> Personal <input type="checkbox"/> Business
	Financial Institution Address: _____

I/we authorize Synergy North and the designated financial institution to begin deductions as per my/our instructions for monthly recurring payments. These payments are to be taken from my bank account on the due date of my/our bill for payment of all charges arising under my Synergy North account. I/we understand and agree to the terms of this document as seen below.

Signature: _____ Date: _____

Terms

Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date. Thunder Bay Hydro will provide ten (10) days written notice of the amount of each regular debit. Thunder Bay Hydro will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Synergy North 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 above. 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. There will be a \$25.00 service charge for NSF transactions. Accounts will be dropped from the plan after two (2) such transactions in a one-year period.

Synergy North 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, unless otherwise specified in a separate agreement for this service address. 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 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 note that Synergy North will not accept the Pre-Authorized agreement without a void cheque or a pre-authorized form from your financial institution attached.