

Send the completed Pre-Authorized Debit Plan Agreement **with a void cheque, copy of void cheque or a pre-authorized debit form** from your bank:

**By mail:** Utilities Kingston, Attention: Customer Service Department, PO Box 790, Kingston, Ontario K7L 4X7

**By fax:** 613-546-7816

**By email:** info@utilitieskingston.com

I/We authorize 1425445 Ontario Limited (operating as "Utilities Kingston") and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin debits as per my/our instructions for variable recurring payments and any outstanding account balances for payment of all charges arising under my/our Utilities Kingston account. I/We confirm that I/We have authority for the banking information presented.

The frequency of issue for Utilities Kingston bill statements is monthly, and the amount owing for services delivered is variable. As such, monthly payment for the full amount of services delivered, including total outstanding account balances will be debited to my/our specified account on the due date. I/We understand and acknowledge that where a pre-authorized debit has been returned for non-sufficient funds (NSF) or dishonoured in any way, Utilities Kingston will re-withdraw the original pre-authorized debit amount along with the current debit amount. I/We agree to maintain balances sufficient to pay account balances and agree that Utilities Kingston is not liable for any overdraft, insufficient funds, or charge caused by my/our failure to maintain funds to pay all pre-authorized debits presented by Utilities Kingston.

This authority is to remain in effect until Utilities Kingston 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 Plan Agreement at my/our financial institution or by visiting our website at [www.utilitieskingston.com](http://www.utilitieskingston.com). 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.payments.ca](http://www.payments.ca)

#### PLEASE COMPLETE THE FIELDS, THEN PRINT AND SIGN

Name(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Utilities Kingston Account Number: \_\_\_\_\_ Type of Service:  Personal  Business

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Register or log in to <http://my.utilitieskingston.com> to sign up for eBilling, view your household consumption of water, gas, and electricity, as well as your transaction and payment history. All you need is your account number and the amount of the most recent payment you made to us.