



Pre-authorized Payment Plan

Authorization Form for Bank Account Withdrawals

I wish to register the following NB Power Customer Account Number(s) on the Pre-authorized Payment Plan:

For additional Account #'s please provide as an attachment

NB Power Account Holder name (please print): _____

Daytime Contact Phone #: _____ Alternate Phone #: _____

The bank account that NB Power is authorized to draw upon is indicated below and a BLANK cheque marked "VOID" is attached.

Name of your financial institution _____

Address _____

City _____ Postal Code _____

Branch Number _____ Institution Number _____ Account Number _____



Commercial Bank Account OR Personal Bank Account

Name & Address of Bank Account Holder: _____

Return to:
Energie NB Power
PO Box 2000
Fredericton, NB E3B 4X1
Attention: PPP Administrator

OR

Fax to: (506) 458-4000
Att: PPP Administrator

Please withdraw the full amount of my bill (default option unless indicated otherwise).

OR

I would like to set a maximum withdrawal amount of (must be in multiples of \$50) \$_____
(example: \$100, \$150, \$200, etc.) NB Power reserves the right to increase the maximum withdrawal amount. Please refer to terms and conditions.

If you have any questions, please contact us at 1-800-663-6272, email us at customerservices@nbpower.com, or visit our website at www.nbpower.com

Terms and Conditions

1. I/We agree that this Authorization may be: a) ended by NB Power verbally or by written notice to me at my billing address before the next withdrawal date, OR b) ended by me by written notice or by contacting NB Power's Customer Interaction Center at 1-800-663-6272 ten (10) days before the next withdrawal date. Otherwise, the termination will be effective with the next monthly billing.
2. I/We acknowledge that this Authorization is provided for the benefit of NB Power and my/our financial institution and is provided in consideration of my/our financial institution agreeing to process debits against my/our account in accordance with the rules of the Canadian Payment Association.
3. I/We acknowledge that provision and delivery of the Authorization to NB Power constitutes delivery by me/us to the Processing Member. Any delivery of the Authorization to NB Power, regardless of the method of delivery, constitutes delivery by me/us.
4. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and NB Power. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
5. NB Power will provide to me/us, at my/our billing address, with respect to variable pre-authorized withdrawal amounts, written notice of the payment amount and the payment date(s), at least 10 calendar days before the payment date of every pre-authorized withdrawal unless such notice has been waived in accordance with Canadian Payment Association.
6. I/We acknowledge that the Processing Member is not required to verify that the pre-authorized withdrawal has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the pre-authorized payment was issued has been fulfilled by NB Power as a condition of honoring a pre-authorized payment issued or caused to be issued by NB Power on the account.
7. If there are any changes in my/our financial institution account information, NB Power requires a new application form to be submitted at least ten (10) days prior to the scheduled withdrawal date.
8. If you have specified a maximum withdrawal amount, NB Power reserves the right to increase the maximum withdrawal amount to the next \$50 increment to cover the invoiced amount should your monthly Equalized Payment Plan amount OR regular bill amount exceed your maximum withdrawal amount and arrears on your account grow to be sixty (60) days in arrears. A letter confirming an adjustment will be issued.
9. 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 more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
10. I/We consent to the disclosure of any personal information that may be contained on my/our PAD Agreement, as far as any such disclosure of personal information is directly related to and necessary for the proper application of Canadian Payment Association.

I/We hereby authorize NB Power and the financial institution indicated to release funds for payment for monthly billed charges under the terms and conditions of this request by regularly scheduled monthly transactions.

I/We warrant and guarantee that all persons whose signatures are required to sign on this bank account have signed this agreement below.

I/We certify that all information provided with respect to my/our account is accurate.

Signature _____ Date _____ Signature _____ Date _____