

St. Thomasenergyinc.

We're Your Local Power Distributor

Automatic Monthly Payment Plan Authorization Agreement

I hereby authorize St. Thomas Energy Inc. to draw amounts from my financial institution for the automatic payment of my St. Thomas Inc. billing.

St Thomas Energy Inc.Account Number : Change Banking Info Only

Name on St Thomas Energy Inc. Bill:

Mailing Address: City:

Province: Postal Code: Home Phone: Work Phone:

Service Address: Unit #:

Email Address:

I further authorize to debit the account shown below for all payments, payable to The St. Thomas Energy Inc. in the amount and on the due date as specified on the Account Billing Statement. I understand that each payment shall be handled as if I had written a cheque or had withdrawn the amount specified from the account.

Please include a void cheque when you return your completed agreement to St Thomas Energy Inc.

This authorization may be cancelled at any time upon due notice

Name of Financial Institution: **Transit#:** **Bank#:** **Account#:**

I will notify the St. Thomas Energy Inc. immediately of any change in bank account information.

Signature(s): Date:

BILLING AMOUNT OPTIONS – SELECT ONLY ONE

Regular Monthly Bill Amounts Based on Actual and/or Estimated Consumption

Equal Payment Amount (subject to an account review by St. Thomas Energy Inc.)

OFFICE USE ONLY

Equal Payment Amount & Date: Entered By & Date:

St. Thomas Energy Inc. will withdraw the amount on your actual **DUE DATE**.

Mailing Address: P.O. Box 460

135 Edward St. • St. Thomas, ON • N5P 4A8 • Phone 519-631-5550 • Fax 519-631-4771 • www.sttenergy.com
Contact@sttenergy.com