

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 Utilities Kingston and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments of amounts due for payment as set out in my/our Utilities Kingston utility bill(s). Regular monthly payments for amounts due will be debited to my/our specified account each month.

Utilities Kingston will provide details of the amount payable by providing a monthly utility bill(s). My/our account will be debited on the date and for the amount detailed on my/our bill(s). **Where payment(s) or adjustment(s) have already been made against my/our account, which have reduced the amount owing as detailed in my utility bill(s), only the amount still owing will be debited to my/our account.**

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).

Utilities Kingston may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. 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](http://www.cdnpay.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: \_\_\_\_\_

Postal Code: \_\_\_\_\_ 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.