



## Pre-Authorized Payment Plan Application Form

### Payment Options:

#### Full Payment by Due Date

With your authorization, the total amount of your Electric and/or Water bill will be automatically withdrawn from your chequing account on the due date. You will continue to receive your regular bill indicating "PAP – Do Not Pay."

#### Monthly Budget

This plan will average your payments over 12 months. We review last year's hydro and water usage and estimate next year's hydro and water costs. This amount is reviewed annually. With your authorization, payments will be withdrawn automatically from your chequing account on either the 1st, 15th or 20th of each month. You will continue to receive your regular bill indicating "PAP – Do Not Pay."

You may join either of these plans by completing this form and including a blank VOID cheque.

I authorize Entegrus Inc. and the Financial Institution designated to begin deductions for my pre-authorized payment. (Please attach void cheque)

Name: \_\_\_\_\_

Entegrus Account #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### Select ONE type of plan:

Full payment by due date: <input type="checkbox"/>
*Please note: Due date is assigned by cycle billing

OR

Monthly Budget: <input type="checkbox"/>
<b>Requirement: Residential customer at current location for at least 12 months.</b>
Choose payment date: 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/>
* We will notify you once your budget has been calculated and approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to our office by Fax, or Mail. Online applications are available through 'My Account' at [www.entegrus.com](http://www.entegrus.com).

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Questions? Email: [customerservice@entegrus.com](mailto:customerservice@entegrus.com)

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