

> ELECTRONIC FUNDS TRANSFER APPLICATION

COMPANY NAME: _____

PAYMENT ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE NUMBER (with area code): _____

> DIRECT DEPOSIT INFORMATION

Please attach a void cheque with this application.

BANK ID (3 digits): _____ TRANSIT NUMBER (5 digits): _____

ACCOUNT NUMBER (up to 12 digits): _____

BANK NAME: _____

BANK ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

When the electronic funds transfer is processed, an e-mail will be generated and delivered to you. This email will indicate the invoice(s) being paid and the total amount payable. Please provide your email address below.

EMAIL: _____

I hereby authorize Hydro Ottawa to initiate deposits and/or corrections to the financial institution as indicated above. This authorization will remain in effect until I revoke it in writing.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Upon completion, please forward this form to:

Hydro Ottawa
PO Box 8700
Ottawa, Ontario, K1G 3S4
Attention: Accounts Payable

or scan and send by e-mail to accountspayable@hydroottawa.com

Please remember to attach a void cheque as we will not be able to create your EFT account without it.