
A convenient way to pay your water bill

What is EPCOR's Pre-Authorized Payment Service?

With the **Pre-Authorized Payment (PAP)** Service, your water bill payment is withdrawn from your bank account on the 30th of the applicable billing month. This amount is then credited to your EPCOR account. You never have to worry about waiting in payment lines, late fees, paying postage or making payment arrangements when you're away from home.

How do I apply?

Complete and sign the Pre-Authorized Payment Service Application form. Attach a blank, personalized cheque marked "VOID". If you do not have a cheque, you can have your bank complete and verify the required account information on the application form. Mail or fax the application and void cheque to the address noted at the bottom of this page.

Ensure your current water bill is paid in full at the time you enroll. If the PAP option is selected, continue to make payments in your usual manner until the "**Pre-Authorized Payment**" message appears on your bill.

How do these payment options work?

Once enrolled, you will continue to receive your water bill as usual. Watch for a message on your bill noting that Pre-Authorized Payments are now being made.

When is payment withdrawn from my bank account?

Payment withdrawal will occur on the 30th of the applicable billing month. These funds should be available from your bank account at least two working days prior to and after the scheduled withdrawal date.

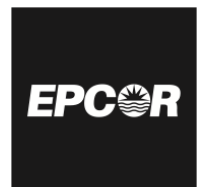
Please Note: The PAP amounts may vary based on the amount of your water bill. Sufficient funds or bank approved overdraft protection must be available when payment is due to avoid an NSF charge. Dishonored payment withdrawals may result in termination of this payment option.

What if my bank account changes?

Simply advise us in writing at least five (5) working days **prior** to your next payment withdrawal date and include your "voided" personalized cheque, which displays the new bank account number. We'll do the rest!

Who can I contact for more information?

- By phone: 250-951-2460
- By fax: 250-954-0361
- By mail: EPCOR Water (West) Inc
10D-1343 Alberni Hwy
Parksville BC V9P 2B9



EPCOR PRE-AUTHORIZED PAYMENT SERVICE

EPCOR Water (West) Inc
10D - 1343 Alberni Hwy
Parksville, BC V9P 2B9

Tel: 250-951-2460
Fax: 250-954-0361

Pre-Authorized Payment Service

TERMS AND CONDITIONS

I* authorize EPCOR Water (West) Inc. (EPCOR) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular payments of all charges arising under my EPCOR account(s). I hereby authorize EPCOR to debit my bank account as indicated on the attached "void" cheque included with my application or my savings account as indicated on the application form.

Regular payments for the full amount of services delivered will be debited to my account on the agreed-to date following each EPCOR bill. EPCOR will obtain my authorization for any other one-time or sporadic debits.

I will notify EPCOR of any changes in the account information in writing at least five (5) business days prior to the next due date of the pre-authorized withdrawal.

This authority is to remain in effect until EPCOR has received written notification from me of its change or termination. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form or more information on my right to cancel a Pre-Authorized Payment Withdrawal Agreement at my financial institution or by visiting www.cdnpay.ca.

Cancellation of this authorization does not terminate my EPCOR service but only affects my method of payment. EPCOR may terminate this authorization at any time verbally or by written notice to me at the address shown on my application form. I acknowledge that EPCOR may charge my water account with a service charge for each dishonored payment as it occurs, and that it may also result in termination of my participation in the Pre-Authorized Payment Agreement.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain a form for a Reimbursement Claim or for more information on my recourse rights, I may contact our financial institution or visit www.cdnpay.ca.

I acknowledge that provision and delivery of this authorization to EPCOR constitutes delivery by me to my financial institution.

An Authorized Payment Withdrawal adjustment will be made only under the following conditions:

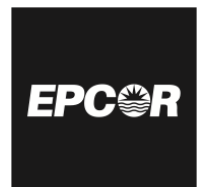
1. Authorization was not provided to EPCOR.
2. Payment withdrawal was not processed in accordance with my authorization agreement.
3. Authorization has been cancelled/revoked and I have chosen another method of payment.
4. Any payment withdrawal dispute must be made within 90 days of the disputed debit being posted to my account.

I understand I will continue to make payments on my account in my usual manner until the Pre-Authorized Payment message appears on my bill.

I consent to EPCOR collecting, using and disclosing this information for the purpose of establishing automatic payment withdrawals, which will be applied against my EPCOR account

* Wherever I/my/me is used it is inferred we/our/us if there is more than one signature.

Please retain this copy for your records



EPCOR PRE-AUTHORIZED PAYMENT SERVICE

EPCOR Water (West) Inc
10D - 1343 Alberni Hwy
Parksville, BC V9P 2B9

Tel: 250-951-2460
Fax: 250-954-0361

APPLICATION FORM

Type of Service Requested: PAP - Pre-Authorized Payment Service

Name of Account Holder: _____

Service Address: _____

Phone (home): _____ Phone (work): _____

Mailing Address: _____
(If different from service address)

Contact Person: _____ Phone: _____
(If different from account holder)

EPCOR Account Number: _____ Type of Service: Personal Business

Pre-Authorized Payment (PAP)

Bank Account Information Personal Chequing Savings Joint Chequing/Savings Business Account

Transit # _____ Bank # _____ Account # _____

Name and Address of Your Financial Institution: _____

Pre-Authorized Payment Agreement:

I(We), the undersigned, authorize EPCOR Water (West) Inc (EPCOR) to withdraw funds from the bank account indicated on the attached "void" cheque or from the bank account information supplied above to cover payments due by me(us) to EPCOR for outstanding charges for utility services provided to me(us).

I(We) acknowledge that I(we) have read and understood all provisions contained in the Terms and Conditions and that I(we) have received a copy. I(We) warrant that all persons whose signature(s) are required or authorized to sign on this bank account have signed this application.

I(We) consent to EPCOR collecting, using and disclosing this information for the purpose of establishing automatic payment withdrawals, which will be applied against my EPCOR account.

Authorized Signature(s): *(as you would sign your cheque)*

Date _____

Date _____

Please remember to include:

- ✓ Your completed application form
- ✓ A personalized cheque marked "void"
- ✓ **Continue to make payments on your account in your usual manner until the Authorized Payment Withdrawal message appears on your water bill**

Mail to: EPCOR Water (West) Inc
10D-1343 Alberni Hwy
Parksville, BC V9P 2B9

Fax to: 250-954-0361

