

# AUTOMATIC WITHDRAWAL PLAN

EPCOR Natural Gas Limited Partnership



## A CONVENIENT WAY TO PAY YOUR EPCOR BILL AND MANAGE YOUR MONTHLY PAYMENT

With the **Automatic Withdrawal Plan**, your monthly natural gas bill payment is withdrawn from your bank account on the due date on your bill. This amount is then credited to your EPCOR account. You never have to worry about waiting in payment lines, forgetting to pay your bill on time or making payment arrangements when you're away from home.

### HOW DO I APPLY?

Complete and sign the EPCOR Payment Plan 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 the application and void cheque to the location noted at the bottom of this page.

Ensure your current utility bill is paid in full at the time you enroll. Continue to make payments in your usual manner until the "AUTO PAYMENT, DO NOT PAY" message appears on the remittance portion of your bill.

### WHEN IS PAYMENT WITHDRAWN FROM MY BANK ACCOUNT?

You will continue to receive a utility bill each month. Payment withdrawal will occur on the due date of your utility bill as displayed on your bill. You should ensure these funds are available in your bank account at least two working days prior to and after the scheduled withdrawal date.

**Please Note:** Sufficient funds or bank approved overdraft protection must be available when payment is due to avoid not sufficient funds and/or late payment charges. 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 or a form certified by your bank displaying your new account number. We'll do the rest!

## WHO CAN I CONTACT FOR MORE INFORMATION?

### CONTACT EPCOR

**Mail to:** EPCOR  
39 Beech Street E  
Aylmer, Ontario N5H 3J6

**Online:** [www.epcor.com](http://www.epcor.com)

**By Phone:** 1-888-765-2256

**Email to:** [gasapp@epcor.com](mailto:gasapp@epcor.com)

# AUTOMATIC WITHDRAWAL PLAN TERMS AND CONDITIONS



I\* authorize EPCOR Natural Gas Limited Partnership (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 monthly recurring variable payments and/or one-time payments from time to time, for payment 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 monthly payments for the full amount of services delivered will be debited to my account on the due date of each EPCOR statement. EPCOR will provide 10 days written notice of the amount of each regular debit. 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 automatic 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 an Automatic Withdrawal Agreement at my financial institution or by visiting [www.payments.ca](http://www.payments.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 phone number or address listed on the utility account shown on my application form. I acknowledge that EPCOR may charge my utility account with a not sufficient funds and/or late payment charges for each dishonored payment as it occurs, and that it may also result in termination of my participation in the Automatic Withdrawal Plan.

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 Automatic Withdrawal 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.payments.ca](http://www.payments.ca).

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

An Automatic 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 automatic withdrawal 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.*

# AUTOMATIC WITHDRAWAL PLAN AUTHORIZATION FORM



Name on EPCOR Account \_\_\_\_\_

EPCOR Service Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from service address)

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different from account holder)

EPCOR Account Number: \_\_\_\_\_ Category  Personal  Business

### Automatic Withdrawal Agreement:

I, the undersigned, authorize EPCOR to withdraw funds from the bank account indicated on the attached "void" cheque or from the bank account information supplied to cover payments due by me to EPCOR for outstanding charges for utility services provided to me. I acknowledge that I have read and understood all provisions contained in the Terms and Conditions and that I have received a copy. I warrant that all persons whose signature(s) are required or authorized to sign on this bank account have signed this application. I consent to EPCOR collecting, using and disclosing this information for the purpose of establishing automatic withdrawals, which will be applied against my EPCOR account.

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

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please remember to include:

- Your completed application form
- **A personalized cheque marked "void" (if chequing account selected)**
- **Continue to make payments on your account in your usual manner until the automatic withdrawal message appears on your utility bill.**

**Note that at least one name on the cheque must be the same as the name on your EPCOR bill so the bank can ensure this agreement is valid.**

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

### CONTACT EPCOR

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### For Office Use Only:

- DPAC  Change in Banking Information  New EPCOR PAC Customer