



16984 Highway#12 P.O. Box 820  
Midland Ontario L4R 4P4

Telephone: 705-526-9361 Fax: 705-526-7890

Email: midpuc@midlandpuc.on.ca

**PREAUTHORIZED PAYMENT PLAN AGREEMENT**

Customer Name: [REDACTED]	Account Number: [REDACTED]
Customer Number: [REDACTED]	Service Address: [REDACTED]

**Preauthorized Payment Plan Options**

A. [REDACTED] I/We would like to enroll in the Actual Monthly Amount Pre-Authorized Payment Plan.  
The amount due will be taken out on the regular due date each month, monthly statements will be sent.

B. [REDACTED] I/We would like to enroll in the Budget Payment Pre-Authorized Payment Plan.  
The monthly amount will be determined by Midland Power Utility Corporation. Monthly statements will be sent.  
Midland PUC will review the Budget Payment Pre-Authorized Payment Plan annually and adjust the payment accordingly.  
Monthly payment amounts may not be skipped or changed. PLEASE SPECIFY DAY FOR WITHDRAWAL 1ST TO 28TH.

Amount of Monthly Budget Payment (to be determined by Midland Power Utility Corporation)	\$ [REDACTED]	withdrawn on the [REDACTED]	day of each month
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**Please attach a VOID cheque or Preauthorized Payment Information from your bank.**

Amount of Monthly Budget Payment (to be determined by Midland Power Utility Corporation)

I/We hereby authorize Midland Power Utility Corporation to debit my/our Bank/Trust account for payments due by the withdrawal and acknowledge that insufficient funds may result in service charges as applicable and removal after two occurrences to pay and debit the designated account. I/We undertake to ensure sufficient funds will be available each month to cover the undersigned to Midland PUC in payment of my/our monthly billed services. The financial institution named below is hereby authorized of my/our enrollment in this payment plan. This authorization may be cancelled at any time by me/us upon written notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date