



WYSE METER SOLUTIONS INC.
 Wyse Meter Solutions Inc. Enrollment Centre
 PO Box 95530 RPO Newmarket CTR
 Newmarket, ON L3Y 8J8
 Toll Free: 1.844.411.0663 | Fax: 1.844.700.7673
 Email: enrollment@wyseutilities.com

PRE-AUTHORIZED PAYMENT AGREEMENT

For your convenience, Wyse can arrange for your monthly electricity bill to be paid automatically by Pre-Authorized Payment (PAP) from your bank account. To authorize this service, please complete the following form and submit it, along with a blank cheque marked 'VOID', to the Wyse Enrollment Centre at PO Box 95530 RPO Newmarket CTR. Newmarket, ON L3Y 8J8

- If PAP is chosen, security deposit may or may not be reduced. If NOT chosen, security deposit will be full amount. Security deposit will be added to first billing.** I/We hereby authorize Wyse and the financial institution designated below (or any other financial institution I/we may authorize at any time) to being deductions from the account shown below for monthly regular recurring payments and/or one-time payments from time to time as per my/our instructions, for payment of all charges arising under my/our Wyse account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date printed on your invoice. Wyse will obtain my/our authorization for any other one-time or sporadic debits.
- I/We hereby authorize Wyse to draw the amount of the security deposit as required. This amount will precede any amounts required for the monthly payment.

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| OWNER NAME | | | |
| FULL ADDRESS | | | |
| THIS IS YOUR AUTHORIZATION TO HONOUR PAYMENTS DRAWN ON: | | | |
| FINANCIAL INSTITUTION (3 digits) | | BRANCH (5 digits) | |
| ACCOUNT NUMBER (7 or more digits): | | | |
| BANK NAME & FULL ADDRESS | | | |
| TYPE OF ACCOUNT | <input type="checkbox"/> CHEQUING <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER | TYPE OF SERVICE | <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS |
| SIGNATURE (if this account has multiple authorized signers, all must sign) | | DATE | |