

| Select one of the follo | • | |
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| Apply for Pre-Author | · | |
| Change information on my existing plan | | |
| Remove me from the Pre-Authorized Payment Plan | | |
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| | Pers | sonal Information |
| Customer Name | | Contact Number |
| Service Address | | |
| City | Province _ | Postal Code |
| Toronto Hydro-Electric System Limited Account Number | | |
| For identification and ve | erification purposes, | , please provide at least one of the following: |
| Date of birth | | Passport Number |
| Driver's License | | Citizenship Number |
| | | |
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| _ | Bar | nking Information |
| | | nking Information |
| Name of Financial Instit | ution | |
| Name of Financial Instit | ution | |
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| Name of Financial Instit | ution | |
| Name of Financial Instit Branch Address City | ution | Postal Code |
| Name of Financial Instit Branch Address City Transit/Branch Note: Enter all numbe mail in a copy of a 'Vo account information. I/we authorize Toronto | Institution Instit | Postal Code |

Please Note: For a joint account, signatures of all account holders must appear on this form.

Complete this form and send it to Toronto Hydro-Electric System Limited:

Fax to: 416-542-3458 or Mail it to: Toronto Hydro-Electric System Limited 5800 Yonge Street

Toronto, Ontario M2M 3T3

For Toronto Hydro-Electric System's Privacy Policy, see www.torontohydro.com/eletricsystem/privacypolicy