

**Customer Application
Automatic Payment Plan – Authorization Application Form**

Please Print

Account Number: _____

Name _____ / _____ / _____
(Last Name, First Name, Initial)

Service Address _____ / _____
(Street) (Apt)
_____ (City) _____ (Postal Code)

Home Phone (_____) _____ Work Phone (_____) _____

Email Address _____ @ _____

BANK INFORMATION

Name of Bank _____

Branch Address _____

City/Postal Code _____

Branch Phone No. (_____) _____
Area code

Bank Account No. _____ Transit No. _____

Branch No. _____

Customer Signature _____ Date _____

Please include a separate cheque marked void along with this application.

For more information contact us 1-866-449-4423

or

fax us at 1-866-521-8882

Please return application and void cheque to: Enbridge Electric Connections
Customer Care Centre
PO Box 1645, Stn. "A"
Windsor, ON, N9A 7J8