



Application Form

Yes, please sign me up for the Automatic Payment Plan

Your NSPI Account #

Name (please print):

Phone # (during the day):

Address:

City:

Postal Code:

Your Bank:

Your Bank Account #:

Address of Bank:

Choose the plan that best suits you

1. Automatic Payment Plan (payments will be withdrawn on the bill due date)

2. Equal Billing Plan (choose the date of the month you prefer to have payments withdrawn):

Your signature will authorize us to start the Automatic Payment Plan for your account and it will continue until you or Nova Scotia Power informs the other to stop the plan.

Authorized Signature:

Date:

Additional Signature if joint account:

FAX this application and a copy of a blank cheque marked "VOID" to: Payment Services

FAX #: 1-877-862-1340 (toll free)

Or Mail To: Payment Services, Nova Scotia Power, PO Box 910, Halifax NS, B2W 6H3