

Please attach a copy of a VOID cheque or Pre-Authorized Debit Form

Yes, please sign me up for Automatic Payment Plan

Updating Bank Information

Name (please print): _____

NSPI Account #: _____

Daytime Phone #: _____

E-Mail: _____

Service Address: _____

City: _____

Postal Code: _____

Your Bank: _____

Your Bank Institution #: _____

Your Bank Transit #: _____

Your Bank Account #: _____

These Services are for (Please check one):

Personal Use Business Use

Account type (Please check one):

Chequing Savings

Please choose your current billing plan:

Automatic Payment Plan
(Choosing this option means that your payment will be taken from your bank account on the due date that shows on your bill).

Equal Billing Plan
(Choosing this option means that you are currently on our Equal Billing Plan. Enter the date you would like to have your monthly payment taken from your bank account). Choose the day of the month _____.

Your signature will authorize us to start withdrawing funds from your bank account to cover your NSPI bill. This will continue until you or NSPI informs the other to stop the plan.

Signature of Account Holder: _____

Signature of joint Account Holder
(If applicable): _____

Name (Please Print): _____

Name (Please Print): _____

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnppay.ca

Please attach a copy of a VOID cheque or Pre-Authorized Debit Form and send both items to:

fax: 1-877-862-1340 (toll free)

e-mail: payments@nspower.ca (a scanned copy of application and a cheque is acceptable)

mail: Payment Services, Nova Scotia Power, PO Box 910, Halifax NS, B3J 2W5