

**Yes, please sign me up for Automatic Payment Plan**

Name (please print): \_\_\_\_\_

NSPI Account #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Your Bank: \_\_\_\_\_

Your 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

**Choose the plan that best suits you:**

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.cdnpay.ca](http://www.cdnpay.ca)

**Please attach a copy of a VOID cheque and send both items to:**

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

**e-mail:** [payments@nspower.ca](mailto: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