



**Énergie NB Power**

## Pre-Authorized Payment (PPP) Agreement

### 1. Customer Information (Please Print Clearly)

NB Power Account Holder Name: \_\_\_\_\_  
(Please print exact name as it appears on your NB Power bill)

NB Power Account Number(s):         -         -

(For additional Account Numbers please provide as an attachment)

Daytime Contact Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

### 2. Bank Account Information

Please attach a void cheque or a cheque specimen from your bank.

This bank account information is for (check one)  Personal  Business

### 3. Pre-Authorized Payment (PPP) Details

You, the Payor, authorize NB Power to debit the bank account identified in your bank account information provided for the full amount of your bill (default option unless indicated otherwise).

If you would like to set a maximum withdrawal amount please indicate in the space provided below.

**Important Note:** If you select a maximum withdrawal amount it **must be in multiples of \$50** for example \$50, \$100, \$150. If you choose to select a maximum withdrawal amount only the amount of your bill will be taken out of your bank account unless your bill is equal to or greater than the set maximum withdrawal amount. It is important to note If your bill is greater than the set maximum withdrawal amount **it is your responsibility** to pay the remainder of the bill. If this amount remains unpaid for more than 90 days your account may be removed from the PPP program and then risk being disconnected for non payment

\$ \_\_\_\_\_  
(Ensure your amount is a multiple of \$50)

You, the Payor, may revoke your authorization at any time (in writing or by phone). Any changes to the Pre-Authorized Plan or cancellation requests must be made 10 days prior to the withdrawal date specified on your bill. For more information on your rights to cancel a PPP agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

\_\_\_\_\_  
Signature of Bank Account holder:

\_\_\_\_\_  
Signature of Joint Bank Account holder (if applicable):

\_\_\_\_\_  
Name: (Please Print)

\_\_\_\_\_  
Name: (Please Print)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

When the form is complete return in the envelope provided or mail or fax to:  
NB Power  
Attn: PPP  
Po Box 2000 STN A  
Fredericton NB E3B 9Z9  
Fax: 506-458-4000  
Attn: PPP Administrator

If you have any questions please visit us at [www.nbpower.com](http://www.nbpower.com)