

## **Residential Pre-Authorized Payment Plan**

Please fill out and complete this form.

You can fax it to 416.360.8385, or email it to customerservice@bullfrogpower.com, or mail to:

		t Plan with Bullfrog Power. an with Bullfrog Power.	
Name:	Telephone number:		
Service address:			
City:		Province:	Postal code:
•	nthorized Credit Card The Bullfrog Power to cho	arge the following credit card.	
[ ] Visa	[ ] MasterCard	[ ] American Express	
Name on card: _			
Card number: _		Expiry date (mm/yyyy):	
Cardholder signa	Cardholder signature: Today's date (mm/dd/yyyy):		lay's date (mm/dd/yyyy):
I/we authorize th all charges arisin of each recurring	e financial institution a g under my/our Bullfro debit.	ng Power account(s). Bullfrog Powe	per my/our instructions for recurring payments of er will provide 10 days written notice of the amount
Name of banking	g institution:	I <mark>nstitution #</mark> :_	5-digit Trans:
Branch address:	anch address: Account #		
City:		Province:	Postal code:
Date of birth (mr	<mark>m/dd/yyyy</mark> ):	(For	identification and verification purposes)
Signature:Signature:			
(Note: for joint accounts, signatures of both account holders are required) Today's date (mm/dd/yyyy):			
termination. This next debit is sche change of contro	s notification can be pr eduled. Bullfrog Power ol or otherwise, withou	ovided at any time but, must be may not assign this authorization t providing at least 10 days prior	d written notification from me/us of its change or received at least ten (10) business days before the n, whether directly or indirectly, by operation of law, written notice to me/us. If the account holder's og Power at least 10 days before the next debit.
		PLEASE ATTACH VOID CH	EQUE HERE