

## AUTHORIZATION FORM



Please complete the MicroFIT / FIT Direct Deposit Agreement Below

### CUSTOMER INFORMATION

MicroFIT / FIT Account #:

Account Holder Name:

Email Address:

Service Address:

City:

Province:

Postal Code:

Phone #:

I/we hereby authorize Niagara Peninsula Energy Inc. to deposit my/our account for the purpose of payment of generation of electricity in accordance with my/our MicroFIT / FIT contract.

Date:

Signature:

Signature:

Please enclose one of your cheques marked "VOID" or a Pre-Authorization Form provided directly from your financial institution. For a joint account, all depositors must sign if more than one signature is required on the cheques issued against the account.

**Please mail the completed form to:**

**Niagara Peninsula Energy Inc.  
7447 Pin Oak Drive, Box 120  
Niagara Falls, Ontario L2E 6S9**

**or Email to: [billing@npei.ca](mailto:billing@npei.ca)**