Coopérative Hydro Embrun Inc.

Application for Electric Service and Energy

Date of possession:_____

◉ Owner

○ Tenant

Customer Name: _____
(Last Name) (Given Names)

Other Occupants: _____
(Spouse, Common Law Spouse, Roommate)

Service Address: _____

_____ Apt.#_____

Mailing Address:_____

Home Phone # _____ Cell Phone # _____

Email: _____

Place of Employment :_____ Work Phone # _____

Driver's License # _____

SIN _____ **Date of Birth** _____
(Month/Day/Year)

- ☐ I would like to subscribe to our newsletter in order to receive information on Coopérative Hydro Embrun Inc.

- ☐ I would like to subscribe to e-billing in order to receive my bill via email.

- Please note, a $15.00 charge of occupancy fee will be applied to your first hydro bill only.

- We would like to inform every new customer that they will be billed every **month**. You may make your payment at your financial institution, by telephone banking and/or Internet. You may also bring your payment directly to our office. We are open between 9:00 a.m. and 5:00 p.m. Monday to Friday. We also have a drop off box for your convenience. We also offer equal payment and variable plan.

- **Patronage Return**: Annually, at the Board's discretion, profits from the Coopérative Hydro Embrun Inc., will be distributed among the members in the form of a patronage return. To participate in these patronage returns, you as a customer may purchase a membership for $10.00 here at the office. You may cancel this membership at any time, or if you move and are no longer one of our customers we will then reimburse your membership fee of $10.00.
  - ☐ Yes, I would ~~lik~~e to purchase ~~a~~ membership for $~~1~~0.00
    - ☐ Paid in cash ☐ cheque attached ☐ Debit my account
  - ☐ No, I 'm not interested at the moment.

☐ By subscribing to e-billing and to Pre-Authorized Payment, you will receive an amount of 20$

☐ I authorize Coopérative Hydro Embrun Inc. to request a credit verification upon default of payment

Customer Signature:

821, rue Notre-Dame, Suite 200, Embrun, On K0A 1W1 TEL:(613)443-5110 FAX:(613)443-0495

ACCOUNT NUMBER :