



CANCELLATION REQUEST

DATE _____

ACCOUNT NAME _____

ACCOUNT NUMBER _____

CANCEL PRE-AUTHORIZED DEBIT/WITHDRAWAL FROM MY BANK ACCOUNT

I/WE, _____ wish to cancel my/our authority for Algoma Power (API) to withdraw payments for my/our electricity account number through the Pre-authorized Debit Plan effective

Date

I/We, acknowledge that this cancellation does not terminate any other obligation that I/WE may have with the API for payment of electricity invoices. I/We understand that payments after the effective date of cancellation will be required by one of the payment options listed on the back page of my/our invoices.

Signed: _____
Payor/Valid Signing Authority Payor/Valid Signing Authority*

*Where the Payor's account agreement requires the signature of two (2) or more signing authorities, the signatures of all such persons are required for the purposes of this Cancellation Notice.

Note: Subject to the terms of any agreement between a Payor and Payee, including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, internet, e-mail, fax or prepaid courier, and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement.

CANCEL EQUAL PAYMENT PLAN

NOTE: The equal payment plan will be terminated and reconciled on your next bill. ANY DEFERRED AMOUNT OWING WILL BE APPLIED TO YOUR NEXT BILL.

Signed: _____
Payor/Valid Signing Authority(ies)