

APPENDIX 'U'

[Name]
[Address]
[Town, Province, Postal Code]

May 5, 2003

Dear Customer:

Re: Account No. [Account No]

We are pleased to offer our customers the **Pre-Authorized Payment Plan.**

This plan will automatically withdraw from your bank account, the amount payable, on the due date as shown on your monthly bill.

Should you wish to join the plan, please complete the form below and return it together with an unsigned cheque marked **•Void•** in the enclosed envelope within 10 days.

PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM

I/we hereby authorize Newmarket Hydro Ltd. to debit my/our bank/ trust account for payments due by the undersigned to Newmarket Hydro Ltd. in payment of my/our billed services. The under noted financial institution is hereby authorized to pay and debit the designated account of the undersigned. I/we ensure that the funds will be available each month to cover the withdrawal and that insufficient funds may result in service charges as applicable and possible cancellation of my/our enrolment in the payment plan.

This authorization may be cancelled at any time upon written notice by me/us.

NAME OF FINANCIAL INSTITUTION

BANK ACCOUNT NUMBER (REQUIRES CHEQUING PRIVILEGES)

BRANCH ADDRESS

[Account No] _____
HYDRO ACCOUNT NUMBER

DATE: _____

[Service Address] _____
SERVICE ADDRESS

SIGNATURE : _____

[cycle/rte]

*SIGNATURE: _____
(*FOR A JOINT ACCOUNT REQUIRING TWO SIGNATURES)