



Residential Application for New Service or Moving within Service Territory

SERVICE REQUEST INFORMATION

Name of Applicant(s) (PLEASE PRINT) _____

Service Address _____

P.O. Box _____ Town _____ Postal Code _____

Date Service Commences (MM/DD/YYYY) _____

Are you moving within our service territory and require a final reading at your current address? YES NO

If YES, date required (MM/DD/YYYY) _____ Account # _____

If you had a previous account with Westario Power, please provide your previous Account # _____

OWNERSHIP STATUS

Will you be renting or owning the Service Address Renting Owning

Renting: Landlord's name and number _____

Owning: Lawyer's name and number _____ Phone _____

Mailing Address (if different from Service Address) _____

APPLICANT INFORMATION

Name (PLEASE PRINT) Last Name First Name Date of Birth (MM/DD/YYYY)

Home Phone Cell Phone Email

Driver's License / Other Unique Identifier ID # ID Type

Employer's Name, Address and Phone # _____

Security Question #1: Mother's Maiden Name _____

Security Question #2: Name of Your Best Friend _____

APPLICANT 2

Name (PLEASE PRINT) Last Name First Name Date of Birth (MM/DD/YYYY)

Home Phone Cell Phone Email

Driver's License / Other Unique Identifier ID # ID Type

Employer's Name, Address and Phone # _____

Security Question #1: Mother's Maiden Name _____

Security Question #2: Name of Your Best Friend _____

PRE-AUTHORIZED PAYMENT

YES - Please register my account with Pre-Authorized Payments.

Name of Financial Institution: _____ Transit Number (5 digits): _____

Institution Number (3 digits): _____ Account Number: _____

Please complete the Pre-authorization Payment information above; or attach a void cheque or bank Pre-Authorization Debit (PAD) form and return with this application.

E-BILLING PORTAL

YES - please register my account in the e-Billing portal.

If choosing the e-Billing option for receiving your monthly bills, an email will be sent to your email address provided, and you will be asked to complete the registration process. Note: you will no longer receive paper bills when the e-billing registration has been completed.

SECURITY DEPOSIT

Security Deposit requirement. (Please submit your Letter of Reference with this application if available)
All customers opening a new account with Westario Power are required to pay a security deposit, except where the customer provides a letter of reference from a gas or electricity distributor in Canada confirming "Good Payment History". Residential customers shall be permitted to pay deposits in equal instalments up to a six-month period.

Please select the number of installments you require: (max. 6 months) _____

ADDITIONAL COMMENTS

I/We, certify all the information above to be true and complete by submitting this request; are opening an electricity account with Westario Power Inc.; are agreeing to be your customer, and assuming responsibility for all charges for services provided to the above stated property, in accordance with the Conditions of Service as it exists and is amended from time to time and in so accepting, agree to pay Westario Power at the authorized rates from the date the service commences.

Applicant 1 Signature: _____

Date: _____

Applicant 2 Signature: _____

Date: _____

Mailing Address & Drop Box Location:
Phone Inquiries:
Fax:
Email:

Customer Service Dept., Westario Power Inc., 24 Eastridge Road, Walkerton, ON N0G 2V0
519-507-6937 (Monday to Friday from 8:30 am to 4:30 pm)
519-507-6887
Customer.Service@westario.com Web Site: www.westario.com