

**Authorization of Electronic
Funds Transfer (EFT)**

Supplier #:	_____
Supplier Name:	_____
Supplier Mailing Address:	_____
HST #:	_____
OPG Purchase Order # (if Supplier # unknown):	_____

Supplier hereby authorizes Ontario Power Generation Inc. ("OPG") to electronically pay any amounts owing by OPG to the Supplier. The amounts owing to the Supplier will be deposited into the Supplier's bank account per the information provided below

Bank Name: _____		
Branch & Street Address: _____		
City: _____	Province: _____	Postal Code: _____
Transit/Routing Number: _____	Account Number: _____	
<p>OPG will advise Supplier of any payments made directly to the above described account. The Supplier's preferred method of receiving such advice is by:</p> <p><input type="checkbox"/> E-mail to the following e-mail address: _____</p> <p><input type="checkbox"/> Fax to the following fax number: _____</p> <p><input type="checkbox"/> Electronic Data Interchange (820)</p>		
Contact Name: _____	Phone: _____	

By executing this form, the Supplier agrees:

- (1) That this authorization will remain in full force and effect until revoked by Supplier by providing OPG with at least 10 days prior written notice.
- (2) That OPG will not be required to pay any late fees if the funds remitted are not credited to the Supplier's account through no fault of OPG.
- (3) That OPG will not be required to pay any fees to the bank in relation to the transfer of funds.
- (4) To promptly return any over-payments made by OPG to the Supplier.
- (5) To promptly advise OPG of any changes to information contained in this form.

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- (6) To provide all notices pertaining to this authorization, including the provision of an
- a) executed copy of this form and voided cheque, or
 - b) letter signed by an official from the vendor's bank confirming the vendor's bank account information is correct, or
 - c) letter signed by an authorized company official on the company's letterhead confirming the vendor's bank account information. We strongly encourage a copy of a void cheque be included for verification.

Once completed please EMAIL the forms to: OPGEFT@opg.com

ACKNOWLEDGED AND AGREED TO THIS _____ **DAY OF** _____, 20__

Signature: _____

Name: _____

Title: _____

I have authority to bind the corporation. I confirm that I have conformed to all document requirements and that all forms returned to OPG are originals.