**SUBMIT BY EMAIL (PDF WITH SIGNATURE) TO CONTRACT MANAGEMENT:**

IESOCommercialServices@ieso.ca

with a cc to FIT.Contract@ieso.ca

Capitalized terms not defined herein have the meaning ascribed thereto in the FIT Contract, and for the purposes of FIT Contract versions 3.1, 4.0.2, and 5.0.2, “IESO” refers to the Sponsor.

| Date | <insert date> |
| --- | --- |
| Legal Name of Supplier | <insert legal name of Supplier> |
| FIT Contract Identification # | <insert FIT Contract ID #> (the “FIT Contract”) |
| Contract Date | <insert Contract Date> |
| FIT Contract Version | [ ]  Version 1.3 [ ]  Version 1.5 [ ]  Version 2.1.1 [ ]  Version 3.0.1 [ ]  Version 3.1 [ ]  Version 4.0.2 [ ]  Version 5.0.2 |

Pursuant to Section 4.2(c) of the FIT Contract, the Supplier is hereby submitting this completed Prescribed Form – Supplier’s Account Information, and certifies that it has provided a copy of the relevant documentation evidencing the account information provided herein to the IESO.

| **HST Number**  |       |
| --- | --- |
| **Name of Financial Institution**  |       |
| **Address of Financial Institution**  |       |
| **Account Name** |       |
| **Account Number** |       |
| **Transit Number** |       |
| **Electronic Funds Transfer Accepted?** | [ ]  Yes [ ]  No |
| **Supporting Documentation Attached** | [ ]  Void Cheque [ ]  Letter from Financial Institution |

The Supplier acknowledges and agrees that this Prescribed Form – Supplier’s Account Information is being delivered to the IESO solely for the purposes of the FIT Contract. It does not constitute a notice for any other purpose, including, without limitation, to meet an obligation to provide notice to the System Operator pursuant to the IESO Market Rules.

| Supplier: <insert legal name of Supplier> |
| --- |
| Signature: |
| Name:       |
| Title:       |
| I have the authority to bind the Supplier. |
| Dated this       day of       , 20   |