
Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When form is complete, mail or fax to: The Township of Springwater
2231 Nursery Road
Minesing, Ontario
L0L 1Y2
Tel: 705-728-4784 Ext 2022
Fax: 705-728-2759
E-mail: finance@springwater.ca

**** PLEASE ATTACH A VOID CHEQUE TO THIS APPLICATION****