



WATER/SEWER PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Customer Information (Please print clearly)

Name: _____

Water/Sewer Account Number:

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Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Bank Account Information

Deposit Account Number :

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 Bank Transit Number:

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Financial Institution Number:

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 Chequing Account Savings Account

Financial Institution: Name _____
Branch Address _____

Pre-Authorized Debit (PAD) Details

You the Payor authorize The Township of Springwater to debit the account specified above for the full amount of my water/sewer billing on the date that it is due.

These services are for (check one) ___ personal ___ business use.

You the Payor may revoke your authorization at any time, subject to providing notice of 5 business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Please complete next page

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****