The Corporation of Loyalist Township P.O. Box 70, 263 Main Street Odessa, Ontario K0H 2H0



Tel: 613-386-7351 Ext. 105 Fax: 613-386-3833

Email: utilitiesbills@loyalist.ca www.loyalist.ca

Pre-Authorized Debit Plan Authorization Form

- Complete and sign the authorization form.
- Attach your personal blank cheque marked VOID.
- Mail or deliver the authorization form and void cheque to the address above.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

- I/we authorize LOYALIST TOWNSHIP and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for bi-monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our LOYALIST TOWNSHIP account(s). Regular bi-monthly payments for the full amount of services delivered will be debited to my/our specified account on the first Monday bi-monthly. Loyalist Township will provide 10 days written notice of the amount of each regular debit. LOYALIST TOWNSHIP will obtain my/our authorization for any other one-time or sporadic debits.
- This authority is to remain in effect until LOYALIST TOWNSHIP has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca
- I/we understand that if more than one returned item in a year is received I/we will become ineligible to continue with the Plan. The balance of my utility account will become due on the regular due dates and all subject to standard penalties.
- I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

Name(s):			
Utilities Account No.:			
Type of Service:	Personal	Business	
Service Address:			
Telephone Number:		E-Mail:	
Banking Information (leave blank if attaching a void cheque):			
Financial Instit	tution (FI):		
FI Account Nu	mber:	FI Transit Num	ber: (Branch - 5 digits; FI - 3 digits)
Signature:		Date:	

Please Note:

- The pre-authorized utility debit plan will begin with your next regular billing.
- Utility billing refers to water and sewer in Amherstview, Odessa and Bath, and water only in Harewood and Brooklands.

Personal information on this form is collected under the authority of the Ontario Municipal Act, 2001. S.O. 2001, c 25. It will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act 1999 for administrative purposes in connection with payment authorization. Any questions about the collection or use of this information can be addressed to the Township Treasurer.

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