



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 Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(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.