

TOWNSHIP OF HAVELOCK-BELMONT-METHUEN
PRE-AUTHORIZED DEBIT (PAD) AGREEMENT-**WATER & SEWER**

1. CUSTOMER INFORMATION (Please print clearly)

Water/Sewer Account Number

Name: _____ Phone: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

2. BANK ACCOUNT INFORMATION

Deposit Account Number

Branch Transit Number

Financial Institution Number Chequing Account Savings Account

Financial Institution Name _____
Branch Address _____

Please attach a VOID cheque or a Direct Deposit/Pre-Authorized transaction form available from your Financial Institution.

3. PREAUTHORIZED DEBIT (PAD) DETAILS

I/we authorize the Township of Havelock-Belmont-Methuen 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 monthly recurring payments and/or one time payments from time to time, for payment of all charges arising under my/our water/sewer account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the last business day of each month. The Township of Havelock-Belmont-Methuen will obtain my/our authorization for any other one time or sporadic debits.

This authority is to remain in effect until the Township of Havelock-Belmont-Methuen 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.

The Township of Havelock-Belmont-Methuen may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with 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 the form is complete, mail or fax to: Township of Havelock-Belmont-Methuen, P.O. Box 10, Havelock, ON K0L 1Z0.
Telephone: 705-778-2308 or toll free 1-877-767-2795. Fax: 705-778-5248 Email: kspooner@hbmtwp.ca