

Township of Havelock-Belmont-Methuen Pre-authorized Debit Plan Agreement - Water & Sewer

Date: _____

TOWNSHIP OF HAVELOCK • BELMONT • METHUEN INC. 1998	Start Date:	
Utility Account Number:		
Name:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number:	Email: _	
Account Number:		
Branch Transit Number:	Financial Ir	nstitution Number:
Please attach a void cheque Institution.	or a Pre-Authorized trans	saction form available from your Financial
begin deductions as per my/ arising under my/our utility a remain in effect until the Tov termination at least ten busin	our instructions for month account on the last busines wnship has received writte ness days before the next t I/we acknowledge that I/w	Inship of Havelock-Belmont-Methuen to ally recurring payments, for all charges as day of each month. This authority is to an notification from me/us of its change or a debit is scheduled. By placing a awe have read, understand, and agree to
Signature of Account Holde	ər:	Date:

Send completed form by mail, fax or email to: Township of Havelock-Belmont-Methuen PO Box 10, 1 Ottawa St. E., Havelock, ON K0L 1Z0

Signature of Joint Account Holder:

Email: bsmith@hbmtwp.ca

Fax: 705-778-5248

Telephone: 705-778-2308 Toll Free 1-877-767-2795