

- NEW
- REVISED



CUSTOMER PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Owner or Tenant Information

Name: _____

Service Address _____

Mailing Address (If different then above) _____

Telephone: _____ Email: _____

Billing Preference: MAIL EMAIL

Financial Institution Information (Attach a blank cheque marked VOID)

Bank Name & Address: _____

Institution Number: _____ Branch Number: _____ Account Number: _____

I am currently a: Property Owner Tenant Other _____

Payment Plan Options (internal use only)

Type of Service: Personal Business

Water/Wastewater Deductions: Account #: _____ Arrears: \$ _____

Arrears to be paid prior to first withdrawal. Arrears to be included in first withdrawal.

Due Date Plan: Due date water/wastewater deductions are debited bi-monthly on the last business day of every even month.

Starting Date: (Please circle one below)

February, April, June, August, October, December

Monthly Budget Plan: Monthly water/wastewater deductions are debited on the 1st business day of every month.

Monthly \$: _____ Starting Date: (Please circle one below)

January, February, March, April, May, June, July, August, September, October, November, December

Property Tax Deductions: Roll #: 41-10- _____ Arrears: \$ _____

Arrears to be paid prior to first withdrawal. Arrears to be included in first withdrawal.

Due Date Plan: Due date property tax deductions are debited on the dates and in the amounts indicated on the tax bills.

Starting Date: (Please circle one below)

February, May, August, November

Monthly Budget Plan: Monthly property tax deductions are debited on the 10th day of the month or the next business day.

Monthly \$: _____ Starting Date: (Please circle one below)

January, February, March, April, May, June, July, August, September, October, November

I attest that I am currently on legal title, or I am a tenant of the property, or I have the legal authority to enter into this agreement. I authorize the Town of Saugeen Shores to debit the bank account at the above noted financial institution for the payments indicated above.

Print name: _____

Signature: _____ Date: _____

This Pre-Authorized Debit (PAD) Agreement may be revoked at any time subject to providing notice at least 10 business days before the next debit is scheduled. 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.payments.ca

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.payments.ca

Comments: _____

Print Secondary name (if necessary): _____

Signature: _____

Date: _____

For Internal Use Only:

- Verified name on account matches what is on file.
- Verified that there are no arrears on account or arrears will be paid prior to start of program.
- Calculated the monthly amount.
- Informed customer of the monthly amount.

If applicable

- Water/wastewater has copy.
- Tax has copy.
- Customer has a copy.