

Authorization Form

Pre-Authorized Water Payment Plan

I hereby authorize the **Township of Oro-Medonte** to withdraw payments from my bank account to pay my water bill on the due date. Amount and date are provided on the quarterly bills mailed to water user.

Roll Number: _____

Name: _____

Type of Service: Personal ___ Business___

Municipal Address: _____

Mailing Address: _____

Banking Information: (Void cheque must be provided)

Signature: _____ **Date:** _____

_____ **Telephone:** _____

E-MAIL: _____

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against this account.

The water user is responsible to notify the Township of any change to their account information. Failure to do so will result in a \$30.00 administrative fee.

You may revoke your authorization at any time, subject to providing notice 10 business days prior to your next scheduled payment. To obtain a sample cancellation form, or for further information on the right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Personal information contained on this form is collected under the authority of the Freedom of Information Act, R.S.O. 1990 M.45 as amended and will be used to document pre-authorized payment arrangement. Questions about this collection should be directed to: Office of the Clerk, Township of Oro-Medonte, 148 Line 7 South, Oro-Medonte Ontario L0L 2E0

Start Date (mm/yyyy) _____