

**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.

**Utility Account #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Type of Service:** Personal \_\_\_ Business \_\_\_

**Municipal Address:** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different from above)

**Banking Information: (Void cheque must be provided)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

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- 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 \$45.00 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](http://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
  - Questions, concerns and form submissions can be emailed to [finance@oro-medonte.ca](mailto:finance@oro-medonte.ca)

**Start Date (mm/yyyy)** \_\_\_\_\_