



WATER

Town of Grimsby – Finance Department

PO Box 159, 160 Livingston Ave., Grimsby ON, L3M 4G3 Phone: 905-945-9634 ext: 2210 Fax: 905-945-5010

Email: water-dept@grimsby.ca

APPLICATION FOR PREAUTHORIZED PAYMENT PLAN

CUSTOMER INFORMATION:

Name: _____ Water Acct. No.: _____
(Property Owner/Tenant)

Service Address: _____

Mailing Address: _____

Telephone: (H) or (W) _____

BANK ACCOUNT INFORMATION: (A "VOID" cheque must be attached to this application)

Deposit Account Number: _____ Branch Transit Number: _____

Financial Institution Number: _____ Type of Service: Personal ___ Business ___

Financial Institution: Name _____

Branch Address _____

PREAUTHORIZED DEBIT DETAILS:

I/we the undersigned have read and agree to the terms and conditions below and authorize the Town of Grimsby to debit my/our bank account 3 times a year for the payments of all charges arising under my/our Town of Grimsby water account. Town will provide a minimum 10 days notice of the amount and due dates of each debit.

Signature: _____ Signature: _____
(Account Holder) (Joint Account Holder)

Name: _____ Name: _____
(Please Print) (Please Print)

Date: _____ Date: _____

TERMS AND CONDITIONS

- To participate in the plan, your water account must be current with no outstanding balance.
- All accounts must show the current owner, any outstanding balance is ultimately the responsibility of the owner and can be added to the property taxes for collection purposes.
- I will verify against my bank account to confirm the withdrawals are being made as directed.
- Participation in the plan will automatically cease if two payments (not necessarily consecutive) fail to be honoured by your bank within the preauthorized payment cycle. A service fee of \$30.00 will be charged for each payment returned.
- Any changes to the plan must be received by the Finance Department one week prior to the bill payment date.
- You may terminate participation in the plan at any time by giving notice in writing to the Finance Department one week prior to the next billing. Payments made prior to cancellation are not refunded. 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.cdnpay.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.cdnpay.ca.

RECEIVED (office use)

Entered: