

Pre-Authorized Payment Form



"Account must be paid and up to date before starting this automatic payment option. Credit cards are not accepted"

PERSONAL INFORMATION

Name(s) _____

Property Address _____

Roll Number (3418) _____

Telephone _____

Email _____

PAYMENT INFORMATION

Installment Date (Feb 15 / May 15 / Aug 15 / Nov 15)

Monthly (1st business day of each month)

Date you would like your first withdrawal to be _____

Please include a VOID cheque or Pre-Authorized debit form with this application

TERMS & CONDITIONS

In this Authorization, "I", "me" and "my" refers to each Account Holder who signs below. If more than one signature is required for the account, all must provide an authorized signature. I warrant and guarantee that all person(s) whose signatures are required to sign on the account have signed this Authorization.

I authorize the Municipality of Central Elgin and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as to the type of plan I selected on this application. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. This authority is to remain in effect until the Municipality has received written notification from me of its change or termination, subject to providing notice of ten (10) business days. The municipality reserves the right to change/cancel any agreement within ten (10) business days of written notice sent to the account holder.

I understand that the Municipality will levy a service charge of \$45 (plus applicable interest) against my account upon any payment returned by the banking system and that this agreement may be deemed null and void.

Any personal information provided on this form is collected, used and disclosed in accordance with the Municipal Freedom of Information Protection of Privacy Act (MFIPPA). We will not sell, share, or rent your personal information to any third party. The Municipality will only use or disclose your personal information in accordance with what is permitted under MFIPPA.

You have certain 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 PAP agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder _____

Signature of Joint Account Holder (If applicable) _____