



PRE-AUTHORIZED PAYMENT (PAP) AUTHORIZATION FORM FOR PAYMENT OF WATER / SEWAGE

To enroll in the pre-authorized payment plan, please complete this form and return it to:

The Municipality of Central Elgin
450 Sunset Drive, St Thomas ON N5R 5V1
Phone: 519-631-4860 / Fax: 519-631-4036
Email: finance@centralelgin.org

**PLEASE NOTE: ACCOUNT MUST BE PAID IN FULL
BEFORE STARTING THIS AUTOMATIC PAYMENT OPTION**

Name(s): _____
Account No: _____
Property Address: _____
Telephone: _____

Payment Plan Options (Check one only)

- Bi-Monthly Actual Billing** (Jan / Mar / May / July / Sept / Nov)
- Monthly Budget Billing** (11 equal payments from Jan – Nov with December as the reconciliation month)
(1 year consumption history is required before switching to this payment option)

OFFICE USE ONLY (For Monthly Billing Plan) Amount \$ _____ Start Date _____
Spreadsheet Adjusted _____

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 (plus applicable interest) against my account upon any payment returned by the banking system and that this agreement may be deemed null and void.

Signature of Account Holder: _____ Date: _____
Signature of Joint Account Holder (if applicable): _____ Date: _____

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

ATTACH VOID CHEQUE HERE

ACCOUNT HOLDER NAME _____ 001
STREET ADDRESS _____
CITY, PROVINCE POSTAL CODE _____ DATE _____
PAY TO THE ORDER OF _____ \$ _____
VOID / 100 DOLLARS
BANK NAME _____
BANK STREET ADDRESS _____
BANK CITY, PROVINCE POSTAL CODE _____
⑆00⑆ ⑆05550⑆ ⑆004⑆ ⑆27864⑆ ⑆82⑆ ⑆178⑆
Branch / Transit Number Bank Number Account Number