



Town of Grimsby – Finance Department

160 Livingston Ave., Grimsby ON, L3M 0J5 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" chec	que must be attached to this application)	
Deposit Account Number:	Branch Transit Number:	
Financial Institution Number:	Type of Service: Personal Bu	usiness
Financial Institution: Name		
Branch Address		
PREAUTHORIZED DEBIT DETAILS:		
I/we the undersigned have read and agree to the terms my/our bank account 3 times a year for the payments of Town will provide a minimum 10 days notice of the amount of t	of all charges arising under my/our Town of Grims ount and due dates of each debit.	sby water account.
(Account Holder)	(Joint Account Holder)	
Name:(Please Print)	Name:(Please Print)	
Date:	Date:	
 TERMS AND CON To participate in the plan, your water account must be current wit All accounts must show the current owner, any outstanding balan added to the property taxes for collection purposes. I will verify against my bank account to confirm the withdrawals at Participation in the plan will automatically cease if two payments to bank within the preauthorized payment cycle. A service fee of \$3 Any changes to the plan must be received by the Finance Depart You may terminate participation in the plan at any time by giving to the next billing. Payments made prior to cancellation are not reinformation on your right to cancel a PAD Agreement, contact you You have certain recourse rights if any debit does not comply with receive reimbursement for any debit that is not authorized or is not information on your recourse rights, contact your financial institutions. 	h no outstanding balance. Ince is ultimately the responsibility of the owner and can be re being made as directed. (not necessarily consecutive) fail to be honoured by your (10.00 will be charged for each payment returned. Imment one week prior to the bill payment date. Inotice in writing to the Finance Department one week prior refunded. To obtain a sample cancellation form, or for more our financial institution or visit www.cdnpay.ca . In this agreement. For example, you have the right to out consistent with this PAD agreement. To obtain more	RECEIVED (Office Use)

Entered: