



**WATER**  
**Town of Grimsby – Finance Department**  
 160 Livingston Ave., Grimsby ON, L3M 0J5 Phone: 905-945-9634 Fax: 905-945-5010  
 Email: [water-dept@grimsby.ca](mailto:water-dept@grimsby.ca)

**PREAUTHORIZED PAYMENT PLAN  
 CHANGE OF BANKING INFORMATION FORM**

**CUSTOMER INFORMATION:**

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

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (H) or (W) \_\_\_\_\_

**NEW BANK ACCOUNT INFORMATION: (A "VOID" cheque must be attached to this form)**

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 payment of all charges arising under my/our Town of Grimsby water account. The Town will provide a minimum of 10 days notice of the amount and due date of each debit.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Account Holder) (Joint Account Holder)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 (Please Print) (Please Print)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><b>TERMS AND CONDITIONS</b></p> <ul style="list-style-type: none"> <li>To participate in the plan, your water account must be current with no outstanding balance.</li> <li>I will verify against my bank account to confirm the withdrawals are being made as directed.</li> <li>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.</li> <li>Any changes to the plan must be received by the Finance Department one week prior to the bill payment date.</li> <li>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 withdrawal. 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 <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> <li>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 <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> </ul>	<p><b>RECEIVED</b> (Office Use)</p>
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Entered:

Note: