



Township of Amaranth

374028 6th Line

Amaranth, Ontario L9W 0M6

Telephone No. 519-941-1007 Fax No. 519-941-1802

PRE-AUTHORIZED DEBIT (PAD) PLAN

Please provide separate authorization for each property

For Office Use

Added to PAD

/ /

MM/DD/YYYY

CUSTOMER AGREEMENT & AUTHORIZATION FORM

I/We authorize the Township of Amaranth, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments or one time payments from time to time, for payment of all charges arising under my/our Township of Amaranth Utility account(s). Regular monthly payments will be debited on the due date each month. The Township of Amaranth will provide written notice of the amount for the debit in advance of the due date(s). For PAD approval accounts should be at a zero balance.

This authorization is to remain in effect until the Township of Amaranth has received written notification from you of its change or termination. This notification must be received in writing at least 30 days prior to the next scheduled debit. You may obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement at your financial institution or by visiting www.payments.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 www.payments.ca.

PLEASE PRINT

DATE: _____

Name(s) _____ **Utility Account #:** _____

Type of Service: Business ___ Personal ___

Municipal Address of Property: _____

Mailing Address _____

City _____ **Province** _____ **Postal Code** _____

Telephone (____) _____ - _____

Email Address _____

FINANCIAL INSTITUTION INFORMATION:

Financial Institution (FI): _____

FI Acct Number _____ **FI Transit Number** _____ - _____
(Branch 5 digit FI – 3 digit)

Mailing Address: _____
City **Province** **Postal Code**

PLEASE ATTACH A "VOID" CHEQUE TO THIS AUTHORIZATION FORM

*****IMPORTANT NOTE*****

If multiple signatures are required to issue a cheque or authorize a debit on the bank account being used for the PAD Plan, please ensure they all sign below.

Authorized Signature(s) _____ **Date:** _____

Authorized Signature(s) _____ **Date:** _____