CITY OF THOROLD
AUTHORIZATION FORM

By-law 1993 (95)

PRE-AUTHORIZED - WATER-SEWER PAYMENT

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO: CITY OF THOROLD, FINANCE DEPARTMENT, P.O. BOX 1044, 3540 Schmon Parkway, THOROLD, ONTARIO, L2V 4A7, (905) 227-6613.

___ **AUTOMATIC DEBIT:** For my convenience, I choose an automatic debit on the due date.

___ Void cheque is enclosed.

Name(s):Last: _____ First: _____

Mailing Address: _____

City: _____ Province _____ Postal Code _____ Telephone _____

I (we) hereby authorize The Corporation of the City of Thorold to debit my/our water-sewer Account No.: _____

Service Location : _____

Terms and Conditions

I(we) authorize the payee to debit my(our) account as indicated on the enclosed 'void' cheque under the terms and conditions agreed to by me(us) with the payee until such time as written notice to the contrary is given.
I(we) acknowledge that delivery of my(our) authorization to the payee constitutes delivery by me(us) to the branch of the financial institution at which I(we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
Termination of this authorization does/may not terminate the contract for goods or services exchanged.
I(we) will notify the Payee in writing of any changes in the account information or termination of this authorization (7) seven business days prior to the next due date of the pre-authorized debit.
Items charged under any of the following conditions will be reimbursed subject to written notification by me(us) to the branch of account within 90 days. A) I(we), never provided authorization to the payee. B) The pre-authorized debit was not drawn in accordance with my(our) authorization. C) My(our) authorization was revoked. D) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.
I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.
I (we) acknowledge that I(we) have read and understand all the provisions contained in the terms and conditions of the pre-authorized payment authorization, and that I(we) have received a copy.

SIGNATURE(S): _____ DATED: _____

_____ DATED: _____

Notes:
1. For joint accounts, all depositors must sign if more than one (1) signature required.
2. Separate forms must be completed for each property.

FOR OFFICE USE ONLY

TRANSIT NO. | | | | | | | | | |

ACCOUNT NO. | | | | | | | | | |

ROLL NO. | |

_____ Bank Code _____ PAP Code

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990 and will be used to process your application to participate in the City of Thorold Pre-authorized Payment Plan in accordance with Policy No. 300-10. Questions about this collection should be directed to: Freedom of Information Co-Ordinator, Office of the Clerk, 3540 Schmon Parkway, Thorold, Ontario, L2V 4A7, (905) 227-6613.