



# Township of Chatsworth

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Chatsworth, Ontario N0H 1G0

Telephone No. 519-794-3232 Fax No. 519-794-4499

For Office Use

Added to PAD

/ /

MM/DD/YYYY

## PRE-AUTHORIZED DEBIT (PAD) PLAN

Please provide separate authorization for each property

### CUSTOMER AGREEMENT & AUTHORIZATION FORM

I/We authorize the Township of Chatsworth, 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 Chatsworth Water account(s). Regular monthly payments will be debited on the due date each month. The Township of Chatsworth will provide written notice of the amount for the debit in advance of the due date(s).

This authorization is to remain in effect until the Township of Chatsworth has received written notification from me/us of its change or termination. This notification must be received in writing at least 30 days prior to the next scheduled debit.

I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to reimbursement for any PAD that is not authorized or is consistent with this PAD agreement. To obtain further information I/We may contact my/our financial institution or visit [cdnpay.ca](http://cdnpay.ca)

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

**Name(s)** \_\_\_\_\_ **Utility Account #:** \_\_\_\_\_

**Municipal Address of Property:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### FINANCIAL INSTITUTION INFORMATION:

**Financial Institution:** \_\_\_\_\_  
(FI)

**Mailing Address:** \_\_\_\_\_  
**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**FI Acct Number** \_\_\_\_\_ **FI Transit Number** \_\_\_\_\_ - \_\_\_\_\_  
(Branch 5 digit) (FI - 3 digit)

**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:** \_\_\_\_\_