



Township of Chatsworth
 316837 Hwy 6, RR 1
 Chatsworth, Ontario N0H 1G0
 Telephone No. 519-794-3232 Fax No. 519-794-4499

For Office Use Added to PAD / / <hr/> 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). For PAD approval accounts should be at a zero balance.

This authorization is to remain in effect until the Township of Chatsworth 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 <input type="checkbox"/> Personal <input type="checkbox"/>
Municipal Address of Property: _____	
Mailing Address _____	
	City _____ Province _____ Postal Code _____
Telephone	(____) _____ - _____
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:** _____