

169 St David Street  
PO Box 609  
Mitchell, ON N0K 1N0  
519-348-8429 Ext. 244

**Municipality of West Perth**  
Pre-Authorized Payment Plan Authorization Form  
for Water and Sewer



I/We, the undersigned, hereby authorize the designated financial institution identified below to withdraw payments on the due date from the account identified below, payable to the Municipality of West Perth for water and sewer.

Name: \_\_\_\_\_ Residence Tel # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Daytime Tel # \_\_\_\_\_

City/Town: \_\_\_\_\_ E-mail: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Signature # 1 \_\_\_\_\_

Signature # 2 \_\_\_\_\_

If more than one signature is required for account, all must sign PAP form.

The customer must ensure that his/her bank account is in good standing with sufficient funds to cover pre-authorized payments as they come due.

It is your responsibility to notify us if your banking information changes or if you wish to cancel your pre-authorized payment plan.

The Municipality of West Perth will charge \$25.00 (plus applicable interest) for any payment that does not clear your bank.

Return form to our office at 169 St David Street, Mitchell  
Mail form to PO Box 609, Mitchell, ON N0K 1N0

PLEASE ATTACH A VOID CHEQUE