

Pre-Authorized Payment Authorization Form - Water & Wastewater

Full Name *

Co-Applicant Name

Service Address *

Account Number *

Mailing Address (if different from above)

Start Date *

Email

Phone Number *

Please attach a VOID cheque or personalized deposit slip *

Authorization

I/We hereby authorize the Municipality of West Perth to debit my/our account for payment of my/our water and wastewater on the respective due date. The Municipality of West Perth will inform you in writing prior to any changes in the amount being deducted.

By signing this form, I/We agree to the following:

*All changes to payment or address details will be submitted at least **two weeks** prior to the next payment date.

*Authorization is to remain in effect until cancelled by either myself or the Municipality of West Perth by **written** notification.

You have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Cancellation of Plan

*** It is the taxpayer's responsibility to inform us in writing to stop pre-authorized payments. We will accept cancellations by mail, or email finance@westperth.com. You may obtain a sample cancellation form and further information on your right to cancel this agreement at your financial institution or by visiting www.cdnpay.ca.

Personal information collected on this form is collected under the authority of the Municipal Act, 2001, as amended, for the purposes of reviewing this application. Questions regarding the collection of personal information should be directed to the Clerk's Department, Municipality of West Perth, 169 St. David Street, PO Box 609, Mitchell, ON N0K 1N0, 519-348-8429.

I/We acknowledge that I/we have read and understood all the terms and conditions of the Pre-Authorized Water & Wastewater Payment Plan.

Signature *

Second Signature (if required)

Thank You

Your PAP Authorization Form for Water and Wastewater has been submitted.