



PRE-AUTHORIZED PAYMENT PLAN APPLICATION
WATER & SEWER

Account Number: _____

The exact amount of the customer's bill is paid on the due date directly from the customer's bank account. This plan is available to both Residential and General Service customers.

I/We authorize the City of Quinte West to debit my/our Bank Account on the DUE date for payment on my City of Quinte West water and sewer account. This authorization is for regular bills and any final bill. ***Please initial here: _____**

PAP SERVICE TYPE: _____ PERSONAL _____ BUSINESS

I/We have attached a personal void cheque (bank accounts that require 2 signatures must have both signatures on this application form)

I/We acknowledge that CANCELLATION of this plan must be requested in WRITING by myself or agent acting on my behalf, 15 days prior to the next deduction.

***Please initial here : _____** City of Quinte West may cancel the continuation of the plan if two installments fail to be honoured by the bank.

I/We acknowledge that a \$25.00 SERVICE CHARGE will be applied to the account for any/all pre-authorized payments not honoured by the bank placing the account in default. ***Please initial here: _____**

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to received reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

NAME OF APPLICANT _____
Last Name First Name

NAME OF CO-APPLICANT _____
Last Name First Name

Complete Property Address _____

Mailing Address (if different) _____

Telephone (Residence) _____ (Business) _____

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Personal information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c25 will be used to process your Pre-authorized Payment Plan application. Questions about the collection of this personal information only should be directed to the Manager of Taxation and Revenue, Financial Support Services, 7 Creswell Drive, PO Box 490, Trenton, Ontario K8V 5R6, 613-392-2841.