



## Pre-Authorized Payment Agreement UTILITY BILLING

### Intent

The Municipality of Brooke-Alvinston wants to make our customers' lives easier by providing them the option of having pre-authorized payments. This agreement allows payments to be automatically made from your account using pre-authorized debits (PADs).

### Agreement

The Municipality of Brooke-Alvinston will make a deduction for payment of charges for the individual/company indicated on this form.

Payment deduction for the full amount owed will be made on the due date.

The Municipality of Brooke-Alvinston will provide notice of at least 10 days before withdrawing funds.

In the event that there are insufficient funds an additional charge of \$30 will be added to your account and arrangements must be made to pay the account prior to the next payment date. Multiple instances of insufficient funds will result in removal from the pre-authorized payment plan.

This authority will remain in effect until Municipality of Brooke-Alvinston has received notification of its change or termination. If you would like to cancel the pre-authorization payments you must provide notice in writing to the Municipal office.

Notification of cancellation must be received at least 20 business days before the next scheduled debit.

You have recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any PAP that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on your recourse rights, you may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

If you wish to use a joint account for this PAD all individuals must sign this form.

Please allow 10 days for this service to take effect.

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## Personal Information

Name(s): \_\_\_\_\_

Municipality of Brooke-Alvinston Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address : \_\_\_\_\_

Date: \_\_\_\_\_

## Banking Information (please attach void cheque)

Name of Financial Institution: \_\_\_\_\_

Institution Number (3 digits): \_\_\_\_\_

Transit Number (5 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

## Agreement

I have read and fully understand the content of this document. By signing this document I am agreeing to the stipulations outlined above.

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Municipality of Brooke-Alvinston  
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