

**MUNICIPALITY OF BROOKE-ALVINSTON  
PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FORM FOR WATER /SEWER**



**SAVE TIME AND MONEY. ENROLL IN THE MUNICIPALITY OF BROOKE-ALVINSTON'S PAD PROGRAM!**

To enroll in the pre-authorized debit plan, please complete this form and return it to:

The Municipality of Brooke-Alvinston  
3236 River Street, P.O. Box 28  
Alvinston, ON N0N 1A0

Phone: 519-898-2173  
Fax: 519-898-5653  
Email: [billing@brookealvinston.com](mailto:billing@brookealvinston.com)

Payment Frequency: Last business day of January, March, May, July, September, and November

**PAYOR INFORMATION**

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

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

Account #: \_\_\_\_\_ Telephone: \_\_\_\_\_

I/We authorize the Municipality of Brooke-Alvinston and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions on the payment frequency indicated above.

This authority is to remain in effect until the Municipality of Brooke-Alvinston has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above.

I/We, the Payor may revoke this authorization at any time in writing, subject to providing notice of 10 days. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

**ATTACH VOID CHEQUE**

**BANKING INFORMATION**

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

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

Name(s) on Bank Account: \_\_\_\_\_

Transit # \_\_\_\_\_ Bank # \_\_\_\_\_ Account # \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

You have certain 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 visit [www.payments.ca](http://www.payments.ca)

**Email Delivery – Water/Sewer Bill Authorization**

Water/Sewer bills can now be delivered directly by email. Please complete the following fields and return this form to the Municipality of Brooke-Alvinston in order to receive future water/sewer bills by email only.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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