

Water and Sewer Billing Pre-authorized Payment Plan Application

Type of Service: Personal

Account Number: _____

Name(s): _____

Address: _____

Town/City: _____ Postal Code: _____

Home Phone Number: _____

Business Phone Number: _____

I/we authorize the Town of St. Paul to withdraw the amount due on my/our Town of St. Paul water and sewer bill from the account at the financial institution identified on the attached "void" cheque on the utility due date. This authority is to remain in effect until I/we or the Town of St. Paul notifies the other of termination.

I/we have certain recourse rights if any debit does not comply with this 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

Authorized signature(s), as you would sign your cheques.

Date

In the event of an NSF, Returned or Frozen Account, the privilege of pre-authorized utility debt will be revoked immediately