



# Pre-Authorized Debit Plan Agreement

Send the completed Pre-Authorized Debit Plan Agreement **with a void cheque, copy of void cheque or a pre-authorized debit form** from your bank:

**By mail:** Township of Red Rock, Attention: Water Dept., PO Box 447, Red Rock, ON P0T 2P0

**By fax:** 807-886-2793

**By email:** slafleur@shawbiz.ca

I/we authorize Township of Red Rock and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments of amounts due for payment as set out in my/our Township of Red Rock utility bill(s). Regular monthly payments for amounts due will be debited to my/our specified account each month.

Township of Red Rock will provide details of the amount payable by providing a monthly utility bill(s). My/our account will be debited on the date and for the amount detailed on my/our bill(s). Where payment(s) have already been made against my/our account, which have reduced the amount owing as detailed in my utility bill(s), only the amount still owing will be debited to my/our account.

This authority is to remain in effect until Township of Red Rock 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 below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Plan Agreement at my/our financial institution or by visiting our website at [www.redrocktownship.com](http://www.redrocktownship.com).

Township of Red Rock may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD 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 my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

## PLEASE COMPLETE THE FIELDS, THEN PRINT AND SIGN

Name(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Red Rock Utility Bill Account No: \_\_\_\_\_ Type of Service:  Personal  Business

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

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

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

For assistance, further information, or if you require this form in an alternate format, please call 807-886-2245 or email [slafleur@shawbiz.ca](mailto:slafleur@shawbiz.ca)

