



PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FOR WATER / SEWAGE

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

The Township of Malahide
87 John Street South
Aylmer ON N5H 2C3
Phone: 519-773-5344 / Fax: 519-773-5334
Email: malahide@malahide.ca

Payment Frequency: **January 15th, April 15th, July 15th and October 15th**

Payor Name(s): _____

Account # _____

Address: _____

Telephone: _____

I/We authorize the Township of Malahide and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions on a quarterly basis as indicated above.

This authority is to remain in effect until the Township of Malahide has received written notification from me/us of its change or termination. This notification must be received at least (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.cdnpay.ca.

Signature of Account Holder: _____ Date: _____

Signature of Joint Account Holder (if applicable): _____ Date: _____

BANKING INFORMATION:

Branch/Transit # (5 digits) _____

Institution # (3 digits) _____

Account # (7 digits) _____

Branch Address _____ Postal Code _____

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.cdnpay.ca

ATTACH VOID CHEQUE

