



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Water & Sewer Utility Account

Water & Sewer Account Number			
Service Type	Personal		Business
First and Last Name			
Property Address			
Telephone Number			
Email Address			

Financial Institution Details

Financial Institution Name	Branch/Transit Number	Financial Institution Number	Account Number

PLEASE ATTACH A "VOID" CHEQUE/DIRECT DEPOSIT TO THE FORM FOR ACCOUNT VERIFICATION

I/We authorize the Township of Clearview and our financial institution to automatically withdraw bi-monthly water/sewer bill payments from our designated account on the due date, for the exact amount shown on each bill. No advance notice of the withdrawal amount or date will be provided.

This authorization remains in effect until we given written notice of change or cancellation at least 10 banking days before the next scheduled debit. Authorization is required for any one-time or irregular payments.

Returned payments due to insufficient funds or closed accounts will incur a fee. A second returned payment will cancel the PAD, and all outstanding amounts will be due immediately.

We have the right to dispute unauthorized or incorrect debits. For more information or to cancel, visit www.cdnpay.ca or contact Clearview or our financial institution.

Authorized Signature: _____ **Date:** _____

In accordance with the Municipal Freedom of Information and Privacy Protection Act (MFIPPA), all information collected under the authority of the Municipal Act, 2001, will be used only for payment collection and processing purposes. Canadian Payments Association H1, Pre-Authorized Debit Agreement Form 2008.doc