THE CORPORATION OF THE TOWN OF DEEP RIVER

P.O. BOX 400 • 100 DEEP RIVER ROAD • DEEP RIVER, ONTARIO K0J 1P0
Telephone: (613) 584-2000 • Fax: (613) 584-3237

A VOLUNTARY EQUAL MONTHLY PAYMENT PLAN for water/sewer is available to property owners in the Town of Deep River.

By signing this form you are allowing The Town of Deep River to deduct monthly directly from your bank account.

You cannot take advantage of this plan unless you are paid in full. All arrears must be cleared. If any payment is returned for insufficient funds the usual NSF fee will be levied and your account will be taken off the preauthorized payment plan. All payments will be generated on the fifteenth (15^{th}) of each month. In accordance with Town of Deep River Policy, annual water/sewer charges will be divided into equal installments allowing the system to recalculate the installment in April once the rates have been set.

You *[or I/We, depending on the context]* have certain recourse rights if any debit does not comply with this agreement. For example, you *[I/we]* 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 [*my/our*] recourse rights, *[I/we may]* contact your *[my/our]* financial institution or visit www.cdnpay.ca.
If you are interested in joining the plan, please return this Authorization Form to:

Treasurer
Town of Deep River
100 Deep River Rd, Deep River ON K0J 1P0

Email Address_____

PROPERTY IDENTIFICATION *(PLEASE PRINT)* **Phone Number**_____

_____

NAME **PROPERTYADDRESS**

__ __ __ __ __ __ __ __ __ _____

WATER/SEWER ACCOUNT NUMBER **MAILING ADDRESS**

_____

NAME OF FINANCIAL INSTITUTION **BRANCH ADDRESS**

_____**These services are ( ) Personal ( ) Business use**

TRANSIT NUMBER **ACCOUNT NUMBER**

FOR VERIFICATION PLEASE ENCLOSE A PERSONAL VOIDED CHEQUE, FOR A JOINT ACCOUNT, ALL DEPOSITORS MUST SIGN IF MORE THAN ONE SIGNATURE IS REQUIRED ON CHEQUES.

I hereby authorize The Town of Deep River to debit my/our account for the purpose of water/sewer charges on the fifteenth working day of each month. This authorization may be cancelled with 10 days notice upon written request.

_____ _____

SIGNATURE DATE SIGNATURE DATE