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 (15th) 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 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
P.O. BOX 400, 100 Deep River Rd, Deep River ON K0J 1P0

Email Address_____   Phone Number_____

PROPERTY IDENTIFICATION

_____   _____
NAME   **PROPERTYADDRESS**

__ __ __ __ __ __ __ __ __ __ __   _____
WATER ACCOUNT NUMBER   **MAILING ADDRESS**

_____   _____
NAME OF FINANCIAL INSTITUTION   **BRANCH ADDRESS**

_____ Services are **(   ) Personal (   ) Business**
INSTITUTION -TRANSIT - 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 property taxes on the fifteenth working day of each month. This authorization may be cancelled with 10 days notice upon written request, at such time taxes will be payable upon installment dates.

_____   _____
SIGNATURE   DATE   SIGNATURE   DATE