



Pre-Authorized Payment Plan

Enjoy worry-free, on time payments through the convenience of our Pre-Authorized Payment Plan. Enroll below today!

When you sign up for the plan, we automatically withdraw payments from your bank account on the due date indicated on each water and wastewater bill.

SECTION A: RESIDENT INFORMATION

Account Number:						Type of Service:	
						<input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account	
Resident's Name (Account holder):		Last Name			First Name		
Service Address:		House #	Street Name	Unit #	City	Province	Postal Code
Mailing Address (if different from above):		House #	Street Name	Unit #	City	Province	Postal Code
Home Phone:				Work Phone:			
Cell Phone:				Email Address:			

SECTION B: PRE-AUTHORIZATION PAYMENT AGREEMENT

<input type="checkbox"/> Applying for pre-authorized payment <input type="checkbox"/> Changing information on my existing plan		
<input type="checkbox"/> Complete the section below OR <input type="checkbox"/> Enclose void cheque or pre-authorized debit form		
Name of Financial Institution:		
Branch Transit #:		
Financial Institution #:		Account #:
Branch Address:		

Terms and Conditions

You, the payor, authorize The Corporation of Haldimand County (Haldimand County) to debit the bank account identified above for payment of all charges arising under your water and wastewater account registered by Haldimand County for the service address noted on this form including all regular bills, and final bills issued upon closure of your account.

The debit in the amount of the account balance will be automatically withdrawn from your designated bank account on the due date indicated on each bill issued by Haldimand County for water and wastewater services.

If there is a change in my bank account information, I will notify Haldimand County immediately.

Cancellation Policy: You, the Payor, may revoke your authorization at any time in writing, by phone or e-mail, subject to providing notice of five working days before your account is to be debited. To obtain a sample cancellation form, or for more information on your right to cancel a PAP agreement, contact your financial institution or visit www.cdnpay.ca.

SECTION C: RESIDENT AGREEMENT

I certify that I am the owner or renter of the service address identified above (the "Resident") and I hereby authorize Haldimand County to register me for pre-authorized payment. I confirm that the information provided above is true and complete. I understand I have certain recourse rights if any debit does not comply with this application. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP agreement.

To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

Resident Signature:	Date:
Resident Signature: <i>(for joint accounts that require more than one signature)</i>	Date:

Send completed forms to: Fax: 1-844-458-6573
 Mail: Haldimand County Water and Wastewater P.O. Box 95510 RPO Newmarket CTR, Newmarket ON, L3Y 8J8

Haldimand County Water and Wastewater Customer Support:
 1-844-361-1871 | WaterBilling@haldimandcounty.on.ca