



APPLICATION FOR EQUAL BILLING PRE-AUTHORIZED DEBIT FOR MONTHLY MUNICIPAL WATER PAYMENTS

"I/We have read and understand the Equal Billing Pre-Authorized Payment Plan and authorize my/our bank to draw and issue monthly payments payable to the Municipality of Dutton Dunwich for payment of municipal water bill. I/We have certain recourse rights if any debit does not comply with this agreement. For example, 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 my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca"

Homeowner/Company Information

Date: _____

Signature 1: _____ Print Name: _____

Signature 2: _____ Print Name: _____
(if applicable for a joint account and 2 signatures required on cheque)

Phone Number(s)

Home: _____ Cell: _____

Business: _____

These payments are for: Personal Use Business Use

Property Information

Water Account Number: _____

Homeowners Name: _____

Property Address: _____

Mailing Address (if different than above): _____

PLEASE REMEMBER

A void cheque or direct deposit/withdrawal form from your bank.

Note: Banking information changes. To be effective for the current month, this form must be received no later than the 1st day of the month; otherwise, the changes will not take effect until the following month.