

**APPLICATION FOR EQUAL BILLING PRE-AUTHORIZED PAYMENT
FOR QUARTERLY WATER BILLS**

(Authorization of the Payer to the Payee to Direct Debit an Account)

I/We have read and understand the Pre-Authorized Payment Plan and authorize my/our bank to draw and issue quarterly payments **on the due date** payable to the Municipality of Dutton Dunwich for payment of municipal water consumed every three months (quarterly). 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 PAP agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit the [Payments Canada](#) Website.

Homeowner/Company Information:

Date: _____ Phone Number(s): _____

Signature 1: _____ Print Name: _____

Signature 2: _____ Print Name: _____

(If applicable for joint account holders and cheques requiring two signatures)

These payments are for:

- Business Use: _____ Personal Use: _____

Property Information:

Water Account Number: _____

Property Address: _____

Mailing Address (if different from above): _____

Please Remember:

- A **void cheque** or direct deposit/withdrawal form from your bank account must accompany this application.
- This application must be received prior to the 1st day of the month that you wish to start making automatic payments. Applications received after the 1st of the month will be applied to payments beginning the following month.