

The Corporation of the Municipality of Strathroy-Caradoc 52 Frank Street Strathroy, Ontario N7G 2R4 Phone: 519-245-1070 Fax: 519-245-2177

www.strathroy-caradoc.ca

UTILITY BILLING PRE-AUTHORIZED FORM

I/we hereby authorize the below Financial Institution to debit my/our account on the six (6) bi-monthly payments or equal monthly payments as indicated on the enrollment plan below for all payments payable to The Corporation of the Municipality of Strathroy – Caradoc. I/we accept the terms and conditions herein defined and authorize The Corporation of the Municipality of Strathroy-Caradoc to begin deductions for payments of my/our water and/or sewer utility charges. I/we ensure that the funds will be available to cover the withdrawal and that insufficient funds will result in finance charges as applicable, and possibly cancellation of my/our enrollment in the payment plan.

This authority is to remain in effect until The Corporation of the Municipality of Strathroy – Caradoc has received written notification from me/us of the change or termination. The notification must be received at least ten (10) business days before the next debit is scheduled at the civic address provided below.

The Corporation of the Municipality of Strathroy – Caradoc may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/we have certain recourse rights if any PAD that is not authorized or is not con-	debit does not comply with this agreement. For asistent with the PAD Agreement.	example, I/we have the right to receive reimbursement for any
PLEASE PRINT	Date:	
Yes, please enroll me in the:	Due Date Plan (Six [6] bi-monthly payments for actual usage by utility bill due dates in January, March, May, July, September and November).	
	Budget Plan (Twelve [12] estimated u	sage monthly payments due the 15th of each month).
Yes! Sign me up for e-send	to receive utility bills and correspondence	by email. Email:
Name(s):		
Phone Number:		
Civic Address To Be Set Up:		
Mailing Address (if different from	above)	
Banking information		
Use the same account inform	ation as my property tax PAP account (Pleas	se still provide a copy of a void cheque).
Financial Institution (FI):		
FI Transit Number	FI Institution	FI Account #
To ens	FI Institution fure accuracy, please enclose a copy of your	r void cheque or bank form.
Bank Address	Bank Phone Number:	
I have read and agreed to the terms	and conditions: Effective Dat	e:
Authorized Signature(s): _ REMOVAL OF THIS PLAN	IS THE RESPONSIBILITY OF THE	PROPERY OWNER
email billing@strathroy-cara	· · ·	at 519-245-1105 extension 224 or contact us by woid cheque to the address at the top of this fice.
Createrner ID	Withdrawal Date:	Arrears: Yes No

UTILITY BILL PRE-AUTHORIZED PLAN (PAP) TERMS AND CONDITIONS

The Pre-Authorized Utility Payment Program enables you to pay your utility bills directly from your bank account, without having to write cheques, pay for postage or worry about missed due dates. Municipality of Strathroy – Caradoc does not charge for this service.

- 1) Customer must be current owner of the property being set-up for Pre-authorized Payment Plan.
- 2) You may enroll and remain in the program if your utilities (water & sewer charges) are paid up to date.
- If payment is returned NSF, you will be notified by letter that your account will be automatically removed from our Pre-Authorized payment plan unless payment is replaced within 10 days of date of letter. (NSF charges will be applied in accordance with Council By-Law in effect at the time.) Subscribers to the plan who have 3 payments returned in a year will become ineligible to continue on the plan. Once your plan is cancelled, all unpaid water & sewer charges become due and payable, and is subject to the standard penalties.
- 4) If you change your Banking information, or terminate the Pre-Authorized Payment Plan, you must advise The Municipality of Strathroy-Caradoc in writing by the 16th of the month before the change is to take effect. If written notification is not received, we will continue to take the monthly withdrawal until such notification is received.
- 5) Your bills will be sent to you as usual. The installment amount will be withdrawn from your account on the instalment due date or the next banking day. Please ensure this application is received in our office 10 days prior to due date.
- 6) Utility bills will be provided to you for information only.

PRIOR TO SUBMITTING APPLICATION

- 1) Ensure you have signed and completed the application form and attach an unsigned cheque (or photocopy) marked VOID or bank direct deposit form with your banking information on it.
- 2) A separate application must be completed for each property you want to enroll in the Pre-Authorized Payment Plan.

SUBMITTING APPLICATION

- 1) By Mail Completed applications with VOID cheque OR direct deposit form can be mailed to "The Municipality of Strathroy-Caradoc Utility Billing" 52 Frank St. Strathroy ON, N7G 2R4.
- 2) In Person Completed applications with VOID cheque OR direct deposit form can be dropped off at Strathroy City Hall located at 52 Frank St. Strathroy, ON N7G 2R4.
- 3) By Email Completed applications with VOID cheque OR direct deposit form can be emailed to billing@strathroy-caradoc.ca