

Payor Authorization & Agreement Client's Name _____

TO: THE TOWNSHIP OF SOUTHWOLD
35663 Fingal Line, Fingal ON N0L 1K0
519-769-2010 southwold@twp.southwold.on.ca
(the "Company") to Direct Debit an Account

Property Owner (the "Customer"):

Name in which Property Tax or Water Account is Held

Address Telephone Number

City Province Postal Code

Financial Institution (the "Bank"): OR Attach a VOID cheque

Name of Bank Address

City Province Postal Code

Branch No. (5 digits) Institution No. (3 digits) Bank Account No.

The customer acknowledges that this Authorization is provided for the benefit of the Company and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Customer's account in accordance with the rules of the Canadian Payments Association.

Purpose of Debits (check one)

Personal PAD Business PAD

I, the undersigned, hereby authorize the Township of Southwold to charge to the account named herein, for the following:

Property Taxes, as billed, on the due date for each installment []
Installments are due on the last business day of March, May, August and October.

Account number _____

Water/Sewer, as billed, on the due date for each billing []
Billings are due quarterly on the last business day of January, April, July and October.

Account number _____

The Customer acknowledges that, in order to revoke or cancel this Authorization, the Customer must provide notice of revocation or cancellation to the Company. This Authorization may be revoked or cancelled at any time upon notice being provided by the Customer in writing with proper authorization to verify the identity of the Customer, within 30 days before the date of the next debit. Cancellation or revocation of this Authorization does not terminate any contract for goods or services that exists between the Customer and the Company. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged between the Customer and the Company.

The Customer may obtain a sample cancellation form, or further information on their right to cancel a Pre Authorized Debit Agreement, at their financial institution or by visiting www.cdnpay.ca.

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.

The Customer warrants that all information provided with respect to the above account is complete and accurate. A specimen cheque for this account has been marked "VOID" and is attached to this Authorization. The Customer undertakes to inform the Company, in writing, of any change in the account information provided in this Authorization 30 days prior to the date of the next debit. The Customer acknowledges that any delivery of this Authorization to the Company constitutes delivery by the Customer to the Company and the Bank. The Customer warrants and guarantees to the Company and the Bank that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges that it has read, understands, and accepts the terms and conditions of this Authorization.

Signature(s) or Authorized Signature(s) of Property Owner(s) **(Date)**

Signature(s) or Authorized Signature(s) of Property Owner(s) **(Date)**

Company Name:

Company Address:

Company Phone Number:

Company e-mail address:

We are interested in monthly payment plans for the following if and when they become available:

Property Taxes, 12 equal installments (Jan – Dec)

OR

Property Taxes, 10 equal installments (Jan – Oct)