



# Authorization Form for Personal Pre-Authorized Payment Plan

TOWN OF ATIKOKAN, 120 MARKS ST. ATIKOKAN, ON P0T 1C0

PHONE: 807-597-1234 FAX: 807-597-6186

(Please Print)

OWNERS LEGAL NAME (s) \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

EMAIL \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ PHONE NUMBER (H) \_\_\_\_\_ (W) \_\_\_\_\_

BANK \_\_\_\_\_ CHEQUING ACCOUNT NUMBER \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

This authorization may be cancelled in writing or by calling 597-1234 up to two weeks before the due date of the next withdrawal. There will be a service charge for NSF or returned payments and accounts may be dropped from the plan after two such transactions without notice.

You may obtain a sample cancellation form, or more information on your right to cancel a PAD at your financial institution or by visiting [www.cdn.pay.ca](http://www.cdn.pay.ca)

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I have enclosed a VOIDED cheque.

**Please Note:** For confirmation of enrolment, look for the following message on your next bill:  
\*\*\* PRE-AUTHORIZED PAYMENT PLAN\*\*\*

Personal information on this form is collected under the authority of the Municipal Act and will be used only to administer a Pre-Authorized Payment Plan providing for the automatic deduction of the bill from your account. Questions about this collection should be directed to The Town of Atikokan, Telephone (807) 597-1234.

### Options to choose from to suit your needs (check only one option each for taxes or water)

I am selecting the WATER / SEWER EQUAL MONTHLY PAYMENT OPTION.

I, as the account holder, authorize the payee and the above noted financial institution to deduct from my bank account in payment of my Water and Sewer commencing on the 28th of the next month and continuing on the 28th day of each following month thereafter. Such deductions will be based on monthly estimates and are subject to change. The Town of Atikokan will to the best of their abilities advise me of the revised amount in advance of its effective due date. The Town of Atikokan will forward to me the regular bills at billing time.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

IF YOU SELECT THE MONTHLY OPTION, WE NEED TO HEAR FROM YOU FIRST TO DISCUSS PAYMENT AMOUNT. PLEASE CALL 597-1234 ext.222

**OR**

I am selecting the WATER / SEWER DUE DATE OPTION.

I, as the account holder, authorize the payee and the above noted financial institution to deduct from my account for payment of my Water and Sewer account on 28th of the month due in an amount not to exceed my billing for each of the instalments. The Town of Atikokan will mail water notices to me a minimum of 21 days in advance of such due dates as my pre-notification.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**AND / OR**

I am selecting the PROPERTY TAX EQUAL MONTHLY PAYMENT OPTION.

I, as the account holder, authorize the payee and the above noted financial institution to deduct from my bank account in payment of my property taxes commencing on the 28th of the next month and continuing on the 28th day of each following month thereafter. Such deductions will be based on monthly estimates and are subject to change. The Town of Atikokan will to the best of their abilities advise me of the revised amount in advance of its effective due date. The Town of Atikokan will forward to me the regular bills at billing time.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

IF YOU SELECT THE MONTHLY OPTION, WE NEED TO HEAR FROM YOU FIRST TO DISCUSS PAYMENT AMOUNT. PLEASE CALL 597-1234 ext.222

**OR**

I am selecting the PROPERTY TAX DUE DATE OPTION.

I, as the account holder, authorize the payee and the above noted financial institution to deduct from my account for payment of my property taxes on the 28th of the month due in an amount not to exceed my billing for each of the instalments. The Town of Atikokan will mail tax notices to me a minimum of 21 days in advance of such due dates as my pre-notification.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_