

Water and Sewer Billing

Pre-authorized Payment Plan Application

Account Number: _____

Name(s): _____

Address: _____

Town/City: _____ Postal Code: _____

Phone Number: _____

I/we authorize the Town of St. Paul to withdrawal the amount due on my/our Town of St. Paul water and sewer bill from the account at the financial institution on the attached "void" cheque on the utility due date. This authority is to remain in effect until I/we or the Town of St. Paul notifies the other of termination.

I/we have certain recourse rights if any debits do not comply with this agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Authorized signature(s), as you would sign your cheques.

Date

In the event of an NSF, Returned or Frozen Account, the privilege of pre-authorized utility debt will be revoked immediately

