

## The Township of Asphodel-Norwood

2357 County Road 45

P.O. Box 29

Norwood, ON

K0L 2V0

Phone: 705-639-5343 Fax: 705-639-1880



### **Pre-authorized Water/Sewer Payment Application**

To enroll in the Township of Asphodel-Norwood's pre-authorized payment program, please complete the form below and return to the Township Municipal Office.

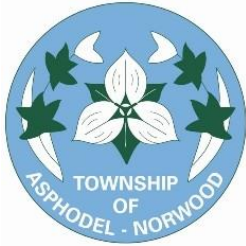
I (we) hereby authorize the Township of Asphodel-Norwood, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Township of Asphodel-Norwood Water/Sewer account. Regular payments for the full amount of services delivered will be debited to my/our specified account bi-monthly on the billing due date.

This authority is to remain in effect until the Township of Asphodel-Norwood has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution.

Penalties: An administrative fee of \$ 40.00 will be applied to your account for payments not cleared by your financial institution. In addition, a penalty of 1.25% will be added to your account for accounts over 30 days in arrears. You will be removed from the PAP program if your payment is not replaced or you have 3 returned items. Your account must be in current standing for one year in order to re-enroll in the program.

Township of Asphodel-Norwood Water/Sewer may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/We have this right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution.



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**PLEASE PRINT**

**Date:** \_\_\_\_\_

**Customer Information**

**Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Township of Asphodel-Norwood Account No.:** \_\_\_\_\_ **Water:** \_\_ **Sewer:** \_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Bank Information**

**Financial Institution (FI):** \_\_\_\_\_

**FI Account Number:** \_\_\_\_\_ **FI Transit Number:** \_\_\_\_\_ - \_\_\_\_\_

(branch – 5 digits; FI – 3 digits)

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Authorized Signature(s):** \_\_\_\_\_  
\_\_\_\_\_