



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 Utility (Water/Sewer) Payment Application

To enroll in the Township of Asphodel-Norwood's pre-authorized payment program, please complete the attached form and submit 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 bimonthly regular recurring payments and for payment of all charges arising under my/our Township of Asphodel-Norwood Utility account. Regular payments for the full amount of services delivered will be debited to my/our specified account bimonthly 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. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a pre-authorized debit agreement at my/our financial institution.

Penalties: An administrative fee of \$45.00 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 pre-authorized payment 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 Utility 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 a pre-authorized debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain a form for Reimbursement Claim or for more information on you recourse rights, please contact your financial institution.

www.asphodelnorwood.com



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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:** _____ - _____

Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Authorized Signature(s): _____

www.asphodelnorwood.com