

TOWN OF LAKESHORE
419 Notre Dame, Belle River, ON, N0R 1A0
519-728-2700; 1-877-249-3367; Fax: 519-728-9530

PRE-AUTHORIZED PAYMENT PLAN ENROLLMENT FORM

CUSTOMER(S) NAME(S): _____

SERVICE ADDRESS: _____

PHONE: HOME: _____

WORK: _____

**** ONLY COMPLETE THE SECTIONS BELOW THAT YOU WANT PRE-AUTHORIZED PAYMENTS TO BE APPLIED TO ****

1) TAX ACCOUNT – ROLL NUMBER: 37.51._____.000._____.0000

Installment Plan **Monthly Plan** (10 Months – Jan to Oct)

2) WATER ACCOUNT NUMBER: _____
(Regular bill due dates only)

I hereby authorize the Corporation of the Town of Lakeshore and the Financial Institution designated below to begin deductions for my Pre-Authorized Payment Plan. This authority is to remain in effect until the Town of Lakeshore has received notification from me or until the Town of Lakeshore has sent me notice of termination.

DATE: _____

AUTHORIZED SIGNATURES: _____ / _____

**** Please send a VOID cheque to us for our verification. Only applications with a VOID cheque will be processed.**

When more than one signature is required on a cheque, both signatures are required above.

** At least one name on the cheque must be the same as the name on your water/tax bill. This helps your bank ensure that the authorization is valid.

Procedures for Pre-Authorized Payment Plan

Each billing you will receive your bill as usual. We will print a message on it advising you of the amount and the withdrawal date. You can continue to update your cheque record as you normally would. Each withdrawal will appear on your bank statement. Withdrawals for each account should be effective on your next billing provided that the Town staff receive this form prior to the submission of our payment file to the Bank.

TERMS & CONDITIONS

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Town of Lakeshore as indicated and to debit the amount specified to my/our account. I/We will notify the Town of Lakeshore promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account. I/We understand that the Bank is not responsible to verify whether these payments are properly debited on my/our account. This authorization may be canceled by the first day of the billing month upon written notice by me/us to the Town of Lakeshore. I/We understand that if I/we cancel this authorization, it does mean that my/our contract obligations to the Town of Lakeshore under this plan are ended. Any delivery of the authorization to the Town of Lakeshore constitutes delivery by me/us to the Bank. I/We am/are all the persons who are required to sign on the above account.