

PRE-AUTHORIZED DEBIT FORM UTILITY PAYMENT PLAN

Account Number Property Address

Name and Mailing Address

FINANCIAL INSTITUTION THAT PAYMENT IS TO COME FROM
Name of Financial Institution Branch Address

City Province Postal Code

Branch and Institution Number Account Number

1. I/we hereby authorize the Town of Vermilion and its Financial Institution to debit my account listed above for the amount of the current utility billing period.
2. My account will be debited on the 7th day of February, April, June, August, October, December. In the event that the 7th is a holiday, the debit will come out on the next working day.
3. A specimen cheque, marked "VOID" is attached to this authorization.
4. This authorization may be cancelled at any time upon written notice by me/us, and all outstanding taxes become due and payable and subject to penalties.
5. Any payment returned N.S.F. may result in termination of the plan, and all outstanding taxes become due and payable and subject to penalties.
6. In the event of a sale of the above noted property or a change in bank accounts, I/we will notify the Town of Vermilion at least 15 days prior to the next payment date, to arrange for cancellation, or to provide the new bank account information and a cheque marked "VOID".
7. Any delivery of this authorization to you constitutes delivery by me/us.
8. All persons whose signatures are required to sign on this bank account have signed the agreement below.

Signature Signature

Date Phone Residence Phone Business

PLEASE NOTE:
Utility account(s) must be current to be eligible for the plan.