



## THE TOWNSHIP OF ADJALA-TOSORONTIO APPLICATION FOR PRE-AUTHORIZED PAYMENT PLAN (PAP) WATER/SEWER PAYMENT OPTION

The Township of Adjala-Tosorontio offers pre-authorized payment plans to its property owners to provide the option of a worry-free way of paying your Water/Sewer bills on the "DUE DATE" by having the monies directly withdrawn from your Bank account on the utility due dates. See below;

- APRIL (January, February & March meter readings)
- JULY (April, May & June meter readings)
- OCTOBER (July, August & September meter readings)
- JAN (October, November & December meter readings)

**Please note: You will continue to receive your Water/Sewer bill which will reflect the automatic payment and this will allow you to track your consumption. We will put a message on your utility bill to advise you that your account has been put on the Pre-Authorized Payment Plan.**

### **WHO MAY ENROLL?**

- Your water account is paid in full with no arrears

There are no fees to enroll and the water account is penalty exempt.\*

### **TERMS & CONDITIONS:**

- Once you have signed up, you will automatically remain in the program until you choose to withdraw in writing.
- If, **YOU MOVE WITHIN THE TOWNSHIP**, the previous plan **MUST BE CANCELLED** and a **NEW PLAN** must be registered.
- If, **FOR ANY REASON**, you wish to be removed from the payment plan, or if your banking information changes, **YOU MUST** notify the tax office **IN WRITING** at least **THIRTY (30) DAYS BEFORE** the next pre-authorized payment is due. If you are cancelling the plan, you must pay the outstanding balance in full, to avoid interest charges.
- \* • If, **FOR ANY REASON**, a payment is returned, you will be subject to finance charges and applicable penalties. The amount of the returned payment plus finance charge and applicable penalties **will be due immediately**. If any two payments should be returned, your enrollment in the Pre-Authorized Payment Plan will be terminated.

### **ENROLLMENT DEADLINE:**

**YOU MAY ENROLL IN THE PROGRAM AT ANYTIME BUT OUR OFFICE DOES REQUIRE 30 DAYS TO PROCESS YOUR REQUEST AND SEND A CONFIRMATION LETTER. For Further information contact the Treasury office, Telephone 705-434-5055.**

**Mailing address: 7855 Sideroad 30, Alliston, Ontario L9R 1V1, Fax 705-434-5051 or Email: [finance@adjtos.ca](mailto:finance@adjtos.ca) Please Note: To protect your information The Township of Adjala Tosorontio will not accept PAD forms by email. Please mail the PAD form with void cheque to our office, or bring it to the Treasury Department in Person**



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**COMPLETE ALL INFORMATION, SIGN & RETURN TO THE TOWNSHIP OF ADJALA TOSORONTIO  
WITH A CHEQUE MARKED "VOID".**

I hereby authorize the Township of Adjala-Tosorontio to withdraw quarterly payments from my bank account to pay my Water and/or sewer invoice on the **DUE DATE**.

Utility account number: \_\_\_\_\_ (ex: 00300000.00)

List all Utility #'s if you own more than one property.

Name (s) (print) \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postalcode \_\_\_\_\_

Phone Number (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Account Number \_\_\_\_\_

Financial Institution Transit Number: \_\_\_\_\_ (branch code (5 digits))

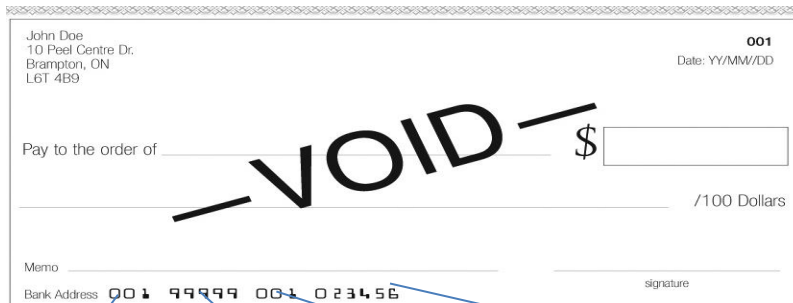
Bank Number \_\_\_\_\_ (3 digits)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send all communication by email: \_\_\_\_\_

Signature of Joint Account holder (if required by bank) \_\_\_\_\_

**PLEASE DO NOT FORGET TO ATTACH A BLANK, UNSIGNED CHEQUE MARKED "VOID"**



Cheque number    transit number    Bank Number    account number



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I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**RE: CANCELLATION/CHANGE TO PREAUTHORIZED PAYMENT PLAN**

Current Owner(s) Name (s): \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Utility account #: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Effective date of change/cancellation: \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby request a change  or cancellation  to the monthly pre-authorized payment plan for the following reason (s):

- Bank information has changed (attach new voided cheque)
- Property sold, closing date \_\_\_\_\_
- Return to the installment plan (pay on their own)
- Bank/financial institution will now be paying \_\_\_\_\_

Forwarding address (if different from current mailing address only):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Received in Treasury \_\_\_\_\_