

APPLICATION FOR PRE-AUTHORIZED PAYMENT PLAN (PAP): WATER

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 by having the funds directly withdrawn from your bank account on the due date(s):

- APRIL (January 1 – March 31)
- JULY (April 1 - June 30)
- OCTOBER (July 1 – September 30)
- JANUARY (October 1 – December 31)

Your Water Bill will be sent to you for your records with a note: “**DO NOT PAY – You are on our PAP Plan**”

WHO MAY ENROLL?

- Your water account must be in current standing

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

TERMS & CONDITIONS:

- Once you have enrolled, you will automatically remain in the program until you choose to withdraw.
- If, for any reason, you wish to be removed from the payment plan, if your banking information changes, or you are moving (even if it is within the Township), **YOU MUST** notify the Finance department prior to the next pre-authorized payment. Please complete the **PAP Cancellation/Change Form**.
- If, **FOR ANY REASON**, a payment is returned by your bank a letter will be sent to you with payment due. If any two payments should be returned, your enrollment in the Pre-Authorized Payment Plan will be terminated.

FOR FURTHER INFORMATION, CONTACT FINANCE

7855 Sideroad 30, Alliston, Ontario L9R 1V1, Phone 705-434-5055, Email finance@adjtos.ca



PREAUTHORIZED PAYMENT PLAN (PAP): WATER

COMPLETE ALL INFORMATION, SIGN & RETURN 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/Sewer on the **DUE DATE** (April, July, September, January)

*PLEASE PRINT

Utility Account Number: _____

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

Name (s): _____

Property Address: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal code: _____

Phone Number: _____

Financial Institution Name: _____

Financial Institution Account Number: _____

Financial Institution Transit Number: _____ (5 digits)

Bank Number: _____ (3 digits)

Authorized Signature: _____ Date _____

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