

## **PROPERTY UTILITIES**

## Pre-Authorized Payment Authorization Form

Please fill in and return this form to our office with one of your personal cheques unsigned and marked VOID (for verification purposes).

I/WI Nam																						
Mail	ing A	Addre	ess																			
City								Province								_ Postal Code						
Utility Account Number												Ph	one <del>i</del>	e#								
Ema	il Ad	dress	S																			
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Held	at						N	ame	of F		ncial 1											
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I/We	have	e read	d and	ur	nder	stood	l the	term	s of t	his	autho	orizat	tion.									
Signature								_					- ]	Date								
_	ature		depositor	s mı	ıst sign	if more	than on	e signati	_ ure is rec	quired	on chequ	ues issue	ed agains		Date count.							

## TERMS AND CONDITIONS

Property owners are eligible if their account is paid up to their chosen date of enrolment.

I/We will notify the Village of Merrickville-Wolford in writing of any changes in the account information or termination of this authorization at least twenty (20) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or service contracted for/with the Village of Merrickville-Wolford.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Village of Merrickville-Wolford to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits charged to my/our account will be reimbursed if:

- (a) the debit was not drawn in accordance with this authorization;
- (b) this authorization has been terminated; or
- (c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Village of Merrickville-Wolford,

by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account;

I/We acknowledge that delivery of this authorization to the Village of Merrickville-Wolford constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.