

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS (PAP)  
FOR WATER & SEWER UTILITY BILLS – Date Due**

1. **Payor** - *please print* **ACCOUNT #** : \_\_\_\_\_

I/We warrant and represent that the following information is accurate.

<b>Mr./Mrs/Ms./Miss</b>	<b>Surname</b>	<b>First name</b>
<b>Street</b>		
<b>Town</b>	<b>Postal Code</b>	<b>Telephone</b>
<b>Name of Payor's Financial Institution (the "Processing Member")</b>		
<b>Street</b>		
<b>Town</b>	<b>Postal Code</b>	<b>Telephone</b>

I/We have attached a specimen cheque marked "VOID" to this "Payor's Authorisation".

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAP.

2. **Payee** - *please print.*

<b>Name of Payee</b>		
Township of Alfred and Plantagenet		
<b>Street</b>		
205 Old Highway 17, Box 350		
<b>Town</b>	<b>Postal Code</b>	<b>Telephone</b>
Plantagenet ON	K0B 1L0	(613) 673-4797

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Member and is provided in consideration of the Processing Member agreeing to process debits against my/our account, as listed above in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Payments as defined by the Canadian Payment Association's Rule H1, the PAP drawn on the Account, for the following purpose: WATER & SEWER UTILITY BILLS – **Date Due**
6. I/We may cancel the Authorization at any time upon providing written notice to the Payee. If the property is sold, I / We acknowledge that we will notify the Township of the date of cancellation of the pre-authorized Payments.

7. The Payee will provide to me/us, at the address provided in section 1, with respect to variable amount of PAPs, written notice of the amount to be debited will be provided at least 10 calendar days before the Payment Date of the first PAP, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s).
8. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
9. I/We have certain recourse rights if any payment does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/We understand and accept the terms of participating in this PAP plan.

Signature of account holder and joint account holder (if applicable)

_____	_____
Signature	Date
_____	_____
Signature	Date