Montague Sewer & Water Corporation

Pre-Authorized Debit Agreement - Flat Rate

Customer Information (please print clearly)								
Name:								
Sewer & Water Accou	ınt Numbe	r:						
Street Address:								
Mailing Address:								
City:	Province:							
Postal Code:	Telephone:							
Bank Account Information								
Account Number:								
Branch Transit :				Institution:			•	ļ
Check one:	Chequing Account or Savings Account							
Name of Financial Institution:								
Branch Address:								
These services are for	check on	e):	Pers	onal		Business	s Use	
Either attach a void cheque or have your bank stamp to verify the above.								
Pre-Authorized Debit Details								
I, the undersigned, authorize the Montague Sewer & Water Corporation to								
debit the bank account identified above for:								
(check one) the full amount owing OR								
12 even monthly payments on the 25th day of every month								
or the next business day OR								
4 quarterly payments (January 25, April 25, July 25, October 25)								
or the next business day								
starting in the month of								
I may revoke my authorization at any time in writing subject to providing notice of at least 7 days. (To obtain a sample cancellation form, or for more information on your right to cancel a Pre-Authorized Debit agreement, contact your financial institution or visit www.cdnpay.ca.)								
Signature of Account Holder:								
Name (please print):	nt):							_
Date:								
You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.								
Please return the completed form in person, by email, fax or mail.								
Email to: townhall@threeriverspei.com Fax: 902-838-3392								
Office A	Address:	25 Que	ens R	oad, Monta	gue			
Mailing	Montag	ue S	ewer & Wat	er Cor	rp.			
	PO Box	PO Box 546, Montague PEI COA 1R0						
Protection of Privacy - The personal information requested on this form is collected under the authority of Section 11(1)(b) of the Bylaw to Regulate Access to Information and Protection of Personal Information, Three Rivers Bylaw 2020-02, and will be protected under Section 16 of that Bylaw. It will be used for the purpose of processing payment for the Montague Water and Sewer Corporation.								
Direct any questions about this collection to Access to Information and Protection of Privacy Coordinator, 25 Queens Road, PO Box 546, Montague, PE COA 1R0 Phone: (902) 838-2528.								
For Office Use Only:								
Account Balance:								
Approved by:								
Date								