Georgetown Sewer Corporation

Pre-Authorized Debit Agreement - Flat Rate

Customer Information (please print clearly)												
Name:												
Sewer & Water Account Number:												
Street Address:		•	-									
Mailing Address:												
City:	Province:											
Postal Code:	Telephone:											
Bank Account Information												
Account Number:												
Branch Transit :				Institutio	ın·							
Check one:	Chequing Account or Savings Account											
Name of Financial Institution:												
Branch Address:												
			L				l					
These services are for												
Either attach a void cheque or have your bank stamp to verify the above.												
Pre-Authorized Debit Details												
I, the undersigned, authorize the Georgetown Sewer 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, 202												
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):												
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: support@threeriverspei.com Fax: 902-838-3392												
	Address:			Georgeto								
Mailing	Address:	_		Sewer C				•				
		PO Box	89, G	ieorgetov	vn F	PEI CC)A 1L	.0				
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, 172 Fraser Street, PO Box 546, Montague, PE COA 1R0 Phone: (902) 838-2528.												
For Office Use Only:												
Account Balance:												
Approved by:												
Date:												