

**Montague Sewer & Water Corporation**  
**Pre-Authorized Debit Agreement - Metered Rate**

**Customer Information** (please print clearly)

Name: \_\_\_\_\_  
Sewer & Water Account Number: 

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 \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Bank Account Information**

Account Number: 

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 \_\_\_\_\_  
Branch Transit : 

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 Institution: 

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 \_\_\_\_\_  
Check one:  Chequing Account  or Savings Account   
Name of Financial Institution: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
These services are for (check one):  Personal  Business 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**  
 4 quarterly payments (January 25, April 25, July 25, October 25)  
or the next business day

starting in the quarter 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](http://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](http://www.cdnpay.ca).

Please return the completed form in person, by email, fax or mail.

Email to: [support@threeriverspei.com](mailto:support@threeriverspei.com) Fax: 902-838-3392

**Office Address:** 172 Fraser Street, Montague

**Mailing Address:** Montague Sewer & Water Corp.

PO Box 546, Montague PEI C0A 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, 172 Fraser Street, PO Box 546, Montague, PE C0A 1R0 Phone: (902) 838-2528.

**For Office Use Only:**

Account Balance: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_