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 : ☐☐☐☐☐ Institution: ☐☐☐

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 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

Office Address: 36 Kent St., Georgetown

Mailing Address: Georgetown Sewer Corporation
PO Box 89, Georgetown PEI C0A 1L0

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

Please be advised if a payment is returned twice this agreement is void

For Office Use Only:

Account Balance: _____

Approved by: _____

Date: _____