



Pre-Authorized Payment Plan (PAP) - Utility

The Town of Shelburne offers three (3) options for pre-authorized payment plan to property owners as an option to pay Water/Wastewater Utility bills.

- 1. DUE DATE (Bi-monthly):** Funds directly withdrawn (debited) from your Bank account on the utility due date. (January, March, May, July, September, November)
Please note: Water/Sewer invoice will continue to be mailed every two months. The invoice will be stamped "PAP Plan in effect. Do not pay" and will be received 21 days prior to the debit. With this plan, the withdrawal amount will vary (based on usage) but will be withdrawn from your account 6 times per year.
- 2. MONTHLY BUDGET PLAN:** Eleven equal payments January-November with the final reconcile payment in December, clearing the account balance. One year of establish consumption history must be available to establish default payment. There will be no penalties and interest applied for this plan.
Please Note: The date of withdrawal will be the final Friday of each month. Water/Sewer invoices will continue to be mailed every two months but will be stamped "PAP plan in effect. Do not pay."
- 3. PRE-APPROVED PAYMENT PLAN:** Payment plan to clear arrears on account. Payment plans must be approved by Utility Coordinator. Penalty and interest will still apply. The date of withdrawal will be the final Friday of each month.
Please Note: The date of withdrawal will be the final Friday of each month. Water/Sewer invoices will continue to be mailed every two months but will be stamped "PAP plan in effect. Do not pay."

TERMS & CONDITIONS:

- To be eligible for the plan, your water account has no arrears. (DUE DATE, MONTHLY BUDGET PLAN)
- Once you have signed up, you will automatically remain in the program until you choose to withdraw by completing a cancellation form.
- If, **YOU MOVE WITHIN THE TOWN**, the previous plan **MUST BE CANCELLED**, and a **NEW PLAN** must be registered.
- If, **FOR ANY REASON**, you wish to be removed from the payment plan, or if your banking information changes, **YOU MUST** notify the Municipal office **IN WRITING** at least **seven (7) DAYS BEFORE** the next pre-authorized payment is due. If you are cancelling the plan, you must pay the outstanding balance in full, to avoid interest charges.
- If, **FOR ANY REASON**, a payment is returned, you will be subject to applicable fees. The amount of the returned payment plus applicable fees **will be due immediately. If any 2 payments should be returned in a row, or twice during a 6 month period, your enrollment in the Pre-Authorized Payment Plan will be terminated.**

ENROLLMENT DEADLINE: YOU MAY ENROLL IN THE PROGRAM AT ANYTIME, HOWEVER THE OFFICE REQUIRES 30 DAYS TO PROCESS YOUR REQUEST. Mailing address: 203 Main St. E, Shelburne, Ontario L9V 3K7, Fax 519-925-6134; Email: water@shelburne.ca

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COMPLETE ALL INFORMATION, SIGN & RETURN TO THE TOWN OF SHELBURNE WITH A CHEQUE MARKED "VOID"

I hereby authorize the Town of Shelburne to withdraw from my bank account on the required date, Water/Wastewater amounts due. I agree to all Terms and Conditions outlined on this pre-authorized debit agreement and acknowledge the Rules are in accordance with the Canadian Payments Association (www.cdnpay.ca)

Please select payment plan option: (check only one):

<input type="checkbox"/> DUE DATE (Bi- monthly)	<input type="checkbox"/> MONTHLY BUDGET PLAN	<input type="checkbox"/> PRE-APPROVED PAYMENT PLAN
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Utility account number: _____ (5 digits customer number)

List all Utility #'s if you own more than one property.

Name (s) (print) _____

Property Address _____

Mailing Address _____

City/Town _____ Province _____ Postal code _____

Phone Number (Bus.) _____ (Res.) _____

Email address: _____

Financial Institution Name _____

Financial Institution Account Number _____

Financial Institution Transit Number: _____ (branch code 5 digits)

Bank Number _____ (3 digits)

Authorized Signature _____ Date _____

Signature of Joint Account holder (if required by bank) _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

PLEASE DO NOT FORGET TO ATTACH A BLANK, UNSIGNED CHEQUE MARKED "VOID"



Cheque number transit number Bank Number account number

The personal information on this form is collected under the authority of the Municipal Act, 2001 Section 391 (1). The information is used to administer the Pre-Authorized Utility Bill Payment Program. Questions about this collection call Customer Service (Water and Sewer Department) 519-925-2600.