



PRE-AUTHORIZED DEBIT AGREEMENT FORM - WATER/WASTEWATER

Please complete this authorization form and return it to:

City of St. Catharines, Financial Management Services, Collections Section, 50 Church Street, P.O. Box 3012, St. Catharines, ON L2R 7C2

PER BILL PLAN

I/We would like the convenience of automatic debit to my/our Bank Account on the due date of the applicable Water Bill (the exact date of which will be determined by the City of St. Catharines)

- OR -

MONTHLY PLAN

I/We would like the convenience of automatic debit monthly to my/our Bank Account (the exact date of which will be determined by the City of St. Catharines)

I/We hereby authorize the Corporation of the City of St. Catharines and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions for regular monthly recurring payments and/or one time payments from time to time, for payment of all charges arising under my/our City of St. Catharines water account. Regular monthly payments will be debited to my/our account on the date(s) specified by the Corporation (of which I/we will receive prior notice) and/or on the dates specified on the applicable water/wastewater bills.

This authority is in effect until the Corporation of the City of St. Catharines receives notification from me/us of its change/termination. This notification must be received at the address above at least five (5) business days prior to the date of the next scheduled debit from my/our Bank Account. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca

I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to receive reimbursement for any pre-authorized payment that is not authorized or is not consistent with the terms of this agreement.

To obtain more information on your recourse rights, contact your financial institution or visit the website www.cdnpay.ca

Void cheque is enclosed

- OR -

Financial Institution Payor PAD Agreement is enclosed

For the purpose of paying water/wastewater bills and associated charges at the property municipally known as _____
(Property Location)

I/We hereby authorize The Corporation of the City of St. Catharines to debit my/our Financial Institution Account Number: _____

Financial Institution (FI): _____ FI Transit Number: _____

Type of Service: Personal _____ Business _____

Name(s) _____

Mailing Address _____ City _____

Province _____ Postal Code _____ Contact Telephone No's _____

Dated: This _____ Day of _____ 20 _____

Signatures: _____

CONDITIONS:

- For joint accounts, all depositors must sign if more than one signature is required.
- Separate forms must be completed for each property.
- A void cheque must be attached or a Financial Institution Payor PAD Agreement
- If you move or change banking information, you must notify our office immediately.
- To fax in your agreement form, please fax to 905-688-4077.

FOR OFFICE USE ONLY

WATER SECTION _____ ACCOUNT NUMBER _____

PROPERTY LOCATION _____ TENANT OWNER

DIRECT INQUIRIES TO FINANCIAL MANAGEMENT SERVICES 905-688-5601, EXT. 1418

YOUR WATER ACCOUNT MUST BE PAID IN FULL PRIOR TO REGISTRATION



PRE-AUTHORIZED DEBIT AGREEMENT FORM - WATER/WASTEWATER

1. PER BILL PLAN

Automatic debit to your bank account on the due date for the amount due (the exact dates to be determined by the Corporation). No missed due dates or late payment charges. No line ups or mailing/postage costs.

How Does This Plan Work?

Your water/wastewater bill will be mailed to you as usual. It will advise you of the date and amount to be debited to your bank account. All debits to your bank account will be on the due date printed on the bill. Keep the bill, it is your record of water consumption.

Water/wastewater accounts are billed every 4 months. The bill may be based on an actual reading or it may be an estimated bill. Several estimated bills could result in a large "catch-up" billing. It is advisable to contact the Billing Section to provide your meter reading or to set up an appointment to have a City meter reading recorded which will avoid unnecessary charges or inaccurate billings (905) 688-5605.

2. MONTHLY PLAN

Automatic debit to your bank account monthly (the exact dates to be determined by the Corporation). No missed due dates or late payment charges. No line ups or mailing/postage costs. Payments are spread evenly over a full year.

How Does This Plan Work?

Once you are signed up, you will receive a letter indicating the monthly dates and amounts to be debited to your bank account. The monthly amount is based on an average of your previous water consumption history.

The plan is calculated annually. To calculate the 12th month, which is the billing date of your regular summer notice, a City employee will visit to obtain the meter reading necessary to equalize your consumption for the year. You must allow the City meter reader entry to your property to read the water meter in order to continue on the monthly payment plan. Equalizing cannot be done on an estimate.

Your regularly scheduled 4 month water/wastewater bills will be mailed to you as usual, indicating actual or estimated consumption which depends on the timely return of your meter cards. Several estimated bills could result in a large "catch-up" equalization billing. It is advisable to contact the Billing Section to provide your meter reading or to set up an appointment to have a City meter reading recorded which will avoid unnecessary charges or inaccurate billings (905) 688-5605.

You may cancel your participation in either plan at any time by advising the Collections Section (at least 5 days prior to the due date)

The privilege of continuing the plan may be cancelled if two payments fail to be honoured in the account year and/or if meter readings are not provided as required.

If you move or change your Bank Account, you must notify the Collections Section immediately by calling (905) 688-5601, Extension 1418.

Please complete the agreement form on the reverse side and return it to:

City of St. Catharines
Financial Management Services, Collections Section
50 Church Street, P.O. Box 3012
St. Catharines, ON L2R 7C2

Once registered, PRE-AUTHORIZED will appear on your bill. Until you see PRE-AUTHORIZED, please continue to pay your bill as usual.