



WATER / WASTEWATER
Pre-Authorized Debit (PAD) Plan

***** If you are currently enrolled, please disregard*****

Customer Information (Please print clearly):

Utility Account #: .

Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: Email or Phone

Municipal Address: _____

Effective Date: _____

Please choose one of the following Pre-Authorized Debit plans:

- Monthly budget plan:**
Monthly debit in the amount of \$_____ withdrawn on the last banking day of each month, except for the settle-up month of August, where the full amount as indicated on the July 31 bill will be withdrawn.
- Residential due-date Plan:**
Full amount as indicated on the water/ wastewater bill withdrawn on the due dates specified on the bill(s).
- Commercial/ Multi-residential due-date Plan:**
Full amount as indicated on the water/ wastewater bill withdrawn on the due dates specified on the bill(s).

Please complete next page

***** If you are already enrolled, please disregard*****

- I/We hereby authorize the Township of Springwater to debit my/our bank account as indicated in the plan selected above. This authority is to remain in effect until the Township of Springwater has received written notification of a change or cancellation. This notification must be received at least five (5) business days before the next withdrawal is scheduled at the address provided below.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please print)

Name (Please print)

Date

Date

Return complete form to:

Mail:	Township of Springwater 2231 Nursery Road Minesing, ON L9X 1A8
Phone:	705-728-4784 Ext. 2070
Fax:	705-728-2759
E-mail:	utilities@springwater.ca

**** A VOID CHEQUE OR A DIRECT WITHDRAWAL FORM FROM YOUR FINANCIAL INSTITUTION MUST BE INCLUDED WITH THIS APPLICATION****