

FOR OFFICE USE ONLY

Section #: _____



THE CORPORATION OF THE CITY OF THUNDER BAY - REVENUE DIVISION

Water Authorization Form for Pre-Authorized Payment Plan

The 3 steps to starting your plan...

- 1** Fill out this form
- 2** Attach a voided cheque
- 3** Fax, mail or drop off to:
 Revenue Division
 City Hall, 1st Floor,
 500 Donald St. E.
 Thunder Bay, ON P7E 5V3
 Tel: 1-807-625-2255
 Fax: 1-807-623-4277

Name of Owner (s)	Water Account Number
	Telephone Number
Property Address	

This authorization is for (check one) Personal Business

BEFORE ENROLLING, PLEASE ENSURE ALL AMOUNTS OWING TO DATE ON YOUR ACCOUNT HAVE BEEN PAID.

PLEASE CHECK OFF ONLY **ONE** OPTION AND **SIGN**:

I am selecting the **WATER DUE DATE OPTION**.

I, as the account holder, authorize the payee and my financial institution to deduct from my bank account payment of my water bill on due dates in an amount not to exceed my billing. The City of Thunder Bay will mail my water bill to me a minimum of 10 days in advance of such due dates as my pre-notification.

SIGNATURE * _____ DATE _____

SIGNATURE * _____ DATE _____

The PAP Plan does not apply to your current billing. For confirmation of enrolment, look for the message Pre-Authorized Payment Plan on your water bill.

OR

I am selecting the **WATER EQUAL MONTHLY PAYMENT OPTION**.

I, as the account holder, authorize the payee and my financial institution to deduct from my bank account an amount in payment of my water bill commencing on the first day of the next month and continuing on the first day of each following month thereafter. Such deductions will be based on monthly estimates, being 1/12th of the annual estimated water billing charges; the sum of which on the last debit, will not exceed the total charges for the year. The City of Thunder Bay will continue to forward quarterly bills every three months. In order to equalize my account once a year, I will submit a water meter reading for the last billing period. My plan will be cancelled if I fail to provide an actual meter reading for this last billing. The annual equalization payment deducted from my bank account will be the balance on my last bill of the year and the withdrawal date will be the bill due date. Notices will be sent to me 10 days prior to any changes in the monthly withdrawal.

My meter reading is currently _____ on _____
MMM / DD / YYYY

SIGNATURE * _____ DATE _____

SIGNATURE * _____ DATE _____

The PAP Plan does not apply to your current billing. For confirmation of enrolment, look for the message Pre-Authorized Payment Plan on your water bill.

TO BE COMPLETED BY OFFICE: Important Information For Water Equal Monthly Payment Option

Initial payment amount and withdrawal date is: \$ _____ on _____
AMOUNT MMM / DD / YYYY

Regular monthly payments that are withdrawn on the first of each month are: \$ _____

The month you are required to provide an actual meter reading to equalize your account is: _____
MMM / YYYY

Failure to provide an actual reading will result in account removal from the plan.

The approximate withdrawal date for your equalization payment is: Mid- _____
MMM / YYYY

* Please provide additional signatures, if more than one signature is required on cheques issued against the account.

Final bills for ownership changes and when meters are removed are not included in the plan.

There will be a service charge for NSF transactions. Accounts will be removed from the plan after two such transactions.

This authorization may be cancelled or changes may be made at any time in writing, subject to providing notice two weeks before the due date of the next withdrawal. To obtain a sample cancellation form, or more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain 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 PAP Agreement. To obtain more information on your rights, contact your financial institution or visit www.cdnpay.ca.

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DATE RECEIVED: _____ RECEIVED BY: _____
(Staff Initials)