



THE CORPORATION OF THE TOWNSHIP OF HAMILTON

Start Date: _____

Installation
Plan

PRE-AUTHORIZED WATER PAYMENT PLAN AUTHORIZATION AGREEMENT

Name: _____ Account Number: _____

Address: _____

Postal Code: _____

I/WE HEREBY AUTHORIZE MY/OUR FINANCIAL INSTITUTION TO WITHDRAW FROM MY/OUR BANK ACCOUNT AS INDICATED BELOW FOR THE PURPOSE OF PAYING WATER CHARGES TO THE CORPORATION OF THE TOWNSHIP OF HAMILTON.

Please provide for verification purposes:

A personal cheque marked "VOID" or confirmation from your Financial Institution regarding your bank account information.

Name of Financial Institution

Branch Address

City

Province

Postal Code

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Bank Transit Number

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Bank Number

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Bank Account Number

CONDITIONS OF AGREEMENT

- I will notify The Corporation of the Township of Hamilton in writing of changes to my financial institution, branch or account. If I am changing ownership of the property and/or need to cancel these pre-authorized payment arrangements, I will notify you in writing giving at least 21 days notice.
- I am protected against a loss due to error, fraud or misrepresentation, provided that I notify the financial institution identified above of the problem within 90 days of the date the payment was charged to my account.
- I will check my account statement/passbook regularly to confirm that withdrawals are being made in accordance with the authorization I have signed with The Corporation of the Township of Hamilton.
- The Corporation of the Township of Hamilton reserves the right to cancel these payment arrangements with written notice to you.
- If two payments in the same taxation year fail to be honoured, the Treasurer may cancel enrolment in the Plan.
- For each payment that is not honoured from my account under the Plan, the current administration fee will be applied to my water account. I am aware that the Township will not retry a returned payment whether N.S.F. or for any other reason. Note: This payment returned to the Township must be paid by the end of the month in which it occurred.
- The Township will provide notification as adjustments are made to the withdrawal amount at final billing.

Date

Phone Number

Signature

Signature (all depositors must sign, if multiple signatures are required by your financial institution)