



THE CORPORATION OF THE TOWNSHIP OF LARDER LAKE
69 FOURTH AVENUE, P. O. BOX 40, LARDER LAKE, ON P0K 1L0
PH: 705-643-2158 FAX: 705-643-2311
LARDERLAKE.CA

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Please complete the following forms, attach a **“VOID”** cheque and return to the address noted above.

PAYER INFORMATION:

Utility Account No. _____ .00		
Payor Name(s):		
Address:		
City:	Province:	Postal Code:
Telephone:		

PAYER FINANCIAL INSTITUTION INFORMATION:

Name of Financial Institution:		
Branch Address:		
City:	Province:	Postal Code:

TYPE OF PLAN (SELECT ONE):

Monthly – This plan runs from January to December each year with twelve (12) *pre-authorized debits* due on the 15th of each month.

Last Day of Each Month — This plan runs from January to December each year with twelve (12) *pre-authorized debits* due on the **last day of each month**.

Maximum Amount: \$ _____

Initial

**AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN
Terms & Conditions**

1. In this agreement, “I”, “me” and “my” (if a legal person, herein represented by its representative(s), who declare themselves duly authorized for the purposes hereof) refers to each Account Holder who signs below.
2. I agree to participate in the Pre-Authorized Debit Plan and I authorize the Municipality of Township of Larder Lake (“Payee”) to draw a debit in electronic form for the purpose of making payment for consumer goods or services (a “Consumer PAD”), on my account indicated on the attached authorization form and I authorize the Financial Institution to honour and pay such debits.
3. I may revoke this Authorization at any time with a notice of 10 days prior to the next due date by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and does not have any bearing on the amount owing to the Payee.
4. I agree that my Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Consumer PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee’s financial institution and agree to the disclosure of any personal information which may be contained in the Authorization to such financial institution.
6. I understand that I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Consumer PAD, and such notice shall be received every time there is a change in the amount or debit date(s).
7. I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) days prior to the next due date.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I agree that if any debit does not clear my bank account for any reason, an administration charge of \$50 (or the amount as amended in future User Fees By-law) will be imposed on my account. I understand that a second occurrence within a twelve month period will result in automatic removal from the plan.
11. I understand that the plan applies only to regular monthly utility billing (*or the amount as amended in future User Fees By-law*). Any other amounts (*ex. Landfill Tipping Fees*) added to my account during the year must be paid in full separately from the plan.
12. I understand and agree to these terms and conditions.

Name of Account Holder	Signature	Date
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