

Municipality of Northern Bruce Peninsula
Pre-authorized payments for Accounts Receivable

1. Customers Name and Address – Please Print

I/We warrant and represent that the following information is accurate:

Name: _____

Address: _____

Telephone: _____

Account Number: _____

Name of customers Bank: _____

Please attach a void cheque to your application.

Account Number: _____

Water Tobermory Sewer Lakewood Sewer General Receivable

I/We will inform the Municipality, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. I/We acknowledge that the Authorization is provided for the benefit of the Municipality of Northern Bruce Peninsula and the processing institution and is provided in consideration of the processing institution agreeing to process debits against my/our account, as listed above, (the Account) in accordance with the rules of the Canadian Payments Association.

3. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.

4. I/We hereby authorize the Municipality of Northern Bruce Peninsula to issue Pre-Authorized Debits (as defined in Rule H4 of the rules of the Canadian Payments Association) (the PAD) drawn on the Account for the payment either Lion's Head water, Lakewood Sewer, Tobermory Sewer or General Receivable.

5. I/We may cancel the Authorization at any time upon written notice to the Municipality of Northern Bruce Peninsula.

6. I/We acknowledge that provision and delivery of the Authorization to the Municipality of Northern Bruce Peninsula constitutes delivery by me/us to the processing institution. Any delivery of the Authorization to the Municipality of Northern Bruce Peninsula, regardless of the method of delivery constitutes delivery by me/us.

7. The Municipality of Northern Bruce Peninsula will provide to me/us at the address provided in Section 1:

- a) with respect to fixed amount PAD's written notice of the amount to be debited (the payment amount) and the date(s) on which the payment amount debited will be posted to my/our account (the payment date), at least 10 calendar days before

the payment date of the **first** PAD, and such notice shall be provided every time there is a change in the payment amount or the payment date(s).

- b) with respect to variable amount PADs, written notice of the payment amount and the payment date(s), at least 10 calendar days before the payment of every PAD.

8. I/We wish to have debited from my account the following payments:

Lion's Head Water

- All Billings (this includes 4 quarterly billings per year)

Tobermory Sewer

- All Billings (This includes 2 billings per year)

Lakewood Sewer

- All Billings (This includes 2 billings per year)

General Receivables

- Please specify bills _____

I/We understand that we will receive an invoice and that the amount will be debited from our account on the due date indicated on the invoice, or

9. I/We wish to make monthly payments in the amount of \$_____ with the understanding that a penalty of 1.25% will be added to any outstanding monthly principal.

10. I/We acknowledge that the processing institution is not required to verify that a PAD has been issued in accordance with the particulars of the authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Municipality as a condition to honouring a PAD issued or caused to be issued by the Municipality on the account.

11. I/We may dispute a PAD only under the following conditions:

- a) the PAD was not drawn in accordance with the Authorization
- b) the Authorization was revoked, or
- c) Pre-notification, as required under Section 8, was not received

I/We acknowledge that, in order to be reimbursed, a declaration to the effect that either (a) or (b) took place, must be completed and presented to the branch of the processing institution holding the account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the account.

12. I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete and PAD transaction.

13. I/We understand and accept terms of participating in this PAD plan,

Signature of Account Holder

Signature of Account Holder