

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT
(WATER & WASTEWATER ACCOUNTS)**



SMITHS FALLS
RISE AT THE FALLS

ACCOUNT # _____

NAME(s)			
SERVICE ADDRESS			
MAILING ADDRESS (if different)			
TELEPHONE	Home Phone	Business Phone	Cell Phone
BANK NAME			
BRANCH ADDRESS			
BANK ACCOUNT NUMBER (A void cheque is required)		Chequing	<input type="checkbox"/>
		Savings	<input type="checkbox"/>
THESE SERVICES ARE FOR	Personal Use	<input type="checkbox"/>	Business Use <input type="checkbox"/>
<p>I hereby authorize the Town of Smiths Falls to debit my account for payment of municipal water/wastewater services. All future bills will be paid through pre-authorized debit unless cancelled in writing at least thirty (30) days prior to a due date. (Note: You will be advised of your due date on your bi-monthly bill.) Any payment returned by the bank will be subject to an NSF fee of \$40 which will automatically be added to the account. Repayment of the unpaid amount (including the NSF fee) shall be made in cash or cheque at the Town Hall, or by internet or telephone banking through your financial institution. Failure to make repayment, or if payments come back as NSF two (2) times, will result in removal from the plan. You have certain recourse 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 the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca</p>			
Signature			
Additional Signature (Required if more than one signature is required on cheque)			
<p>TOWN OF SMITHS FALLS WATER DEPARTMENT 77 Beckwith St. N. Smiths Falls Ontario K7A 2B8</p>		Date Received	
		Date Processed	Processed By
		Date Cancelled	
		Comments	