

THE CORPORATION OF THE TOWN OF COCHRANE



WATER AND WASTEWATER SERVICES

PREAUTHORIZED PAYMENT PLAN – AUTHORIZATION AGREEMENT

Customer Name(s): _____

Account Number(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Bank Name and Address: _____

Branch Number: _____ Transit Number: _____ Account Number: _____

I/We the undersigned, authorize the Town of Cochrane to debit my/our account, as indicated above, on the assigned due date, for payments payable to the Corporation of the Town of Cochrane with respect to Water and Wastewater Services.

Each payment shall be the same as if I/We have personally issued a cheque authorizing the bank to pay the Town of Cochrane as indicated and to debit the amount specified to my/our account.

I/We will notify the Corporation of the Town of Cochrane promptly in writing if I/We move the account(s) from one bank or branch to another, or if there is any other change in the account.

I/We understand that the bank is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time, upon written notice by me/us to the Corporation of the Town of Cochrane. I/We understand that if I/We cancel this authorization, it does not mean that my/our contract obligations to Water and Wastewater Services are ended.

Any delivery of this authorization to the Corporation of the Town of Cochrane constitutes delivery by me/us to the bank.

I/We am/are all the persons who are required to sign on the above account.

Signature: _____ Date: _____

Please note: Preauthorized payments will take effect for the billing period of the following month

FOR OFFICE USE ONLY

Preauthorized Payment(s) Effective: _____
Month/Year

By: _____