



# TOWN OF ECKVILLE

## Pre Authorized Debit Agreement

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We hereby authorize my/our Bank to draw a debit ("Pre-Authorized Debit") on my/our account indicated below for my/our utility/tax services payable to the Town of Eckville on the each month on the [ ] 1<sup>st</sup> OR [ ] 15<sup>th</sup>

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly pre-authorized utility payment of \$ \_\_\_\_\_ Account # \_\_\_\_\_

Monthly pre-authorized property tax payment of \$ \_\_\_\_\_ Roll #: \_\_\_\_\_

1. I/We agree that a notice of any change in the payment amount can be sent to me by mail, at least 10 days prior to the next Pre-Authorized Debit due date, as sufficient notification.
2.  Rate increases are subject to My/Our approval before such transaction is effected.
3. I/We agree that the delivery of this Authorization to the Town of Eckville constitutes delivery to me by the Financial Institution.
4. I/We will inform the Town of Eckville in writing, or in person, of any change in the Bank Account or property information provided in this Authorization 10 days prior to the next due date of the Pre-Authorized Debit.
5. I/We warrant that all persons whose signatures are required to sign on the Account have signed on this Authorization.
6. I/We understand and agree that if this Pre-Authorized Debit is returned two consecutive times, this arrangement will be voided and alternative arrangements will have to be made with the Town of Eckville to collect these monies.
7. I/We understand and agree to the foregoing terms and conditions and I/We acknowledge receipt of a copy of this Authorization.

DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

Please attach a "VOID cheque