



Pre-Authorized Payment Application & Authorization Form (PAP)

Due Date Method:

The actual water/sewer billed amount is debited from your bank account on the due date. Water/Sewer bills are issued in January/April/July/October of each year. The due date is the second last business day of each of those months (ie. April, 2011 bill will be due on April 28, 2011).

To apply for the pre-authorized payment plan:

1. Your water/sewer account must be currently paid up-to-date.
2. Complete and sign this enrollment/authorization form.
3. Attach your personal blank cheque marked "VOID".
4. Deliver this form along with a voided cheque to: Municipality of Brighton, 67 Sharp Road, Brighton, Ontario, K0K 1H0. For further information call 613-475-1162.

Water/Sewer Account No. _____

Property Roll No. (if known) _____

Property Address _____

Owner Name _____

Mailing Address _____

Home Phone No. _____ Business Phone No. _____

Name of Bank _____ Bank Account No. _____

Bank Branch Address _____

PAP Service Type Personal Business (credit lines not acceptable)

I authorize the Municipality of Brighton to debit my bank account indicated for all water/sewer accounts payable to the Municipality of Brighton, on the due date.

The treatment of each payment shall be the same as if I had personally issued a cheque authorizing the debit to my account. All future bills will be paid through pre-authorized payment unless cancelled in writing at least fifteen (15) working days prior to the payment date. Accounts will be automatically removed from the PAP Plan if two (2) payments are returned by the bank (service charges will apply for returned items).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAP Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature _____ Date _____

Signature _____ Date _____

**A second signature is only required where more than one signature is required on cheques used against this account.

Office use: Bank Code _____ Payment Amt _____ Start Date _____
--