The Corporation of the
City of Kawartha Lakes
P.O. Box 696, 26 Francis St.
Lindsay, Ontario K9V 4W9
Tel: (705) 324-9411, 1 888-822-2225
Fax: (705) 328-2620
taxes@city.kawarthalakes.on.ca
www.city.kawarthalakes.on.ca

Water & Wastewater Pre-Authorized Debit (PAD) Agreement Application (Page 1 of 2)

Account #				-										-			

I/we authorize City of Kawartha Lakes, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for payment of the water & wastewater invoice for the property listed below according to the following payment frequency (please select one):

- ☐ 12-month plan (11 equal payments and one reconciliation payment in October, November or December depending upon billing cycle * (beginning in 2010)
- ☐ Installment Due Date *

Regular payments for the frequency identified above will be debited to my/our specified account on the date indicated above. The City of Kawartha Lakes will provide written notice of the amount of each regular debit on the water & wastewater invoice issued four times per year, as well as a letter in October, November or December advising of the monthly payment obligations for the following 12 month period. The City of Kawartha Lakes will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until City of Kawartha Lakes has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at the City of Kawartha Lakes website; my/our financial institution; or by visiting www.cdnpay.ca.

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

* Payments returned due to Funds Not Cleared or Non Sufficient Funds are subject to a processing fee which will be added to the water and wastewater account and will be deducted during the reconciliation process. Two returned payments in a 12-month period will result in termination of rights to be enrolled in the Pre-Authorized Debit Program

Water & Wastewater Pre-Authorized Debit (PAD) Agreement Application (Page 2 of 2)

PLEASE PRINT **Date: _____**

Account #				-										-			

Property Address/Location _____

Type of Service ☐ Personal ☐ Business

Name(s) _____

Address _____

City _____ Province _____ Postal Code _____

Phone # (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: |___|___|___|___|___|-|___|___|___|
(Branch -5 digits - FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Where the customer's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this PAD Agreement.

Attach Void Cheque

OFFICE USE ONLY:

Received: _____ Entered by: _____ Plan Option: _____

Starting Amount: _____ Start Date: _____ Copy of Agreement Sent: ____

Authorized Signature: _____