



# Pre-Authorized Payment Plan

Please print this form

**For My:**     Water & Sewer Billing Account No. \_\_\_\_\_  
 (Select One)  Long-Term Care (LTC), Location \_\_\_\_\_  
 Housing Services Tenant Account No. \_\_\_\_\_

**Select One**

- Apply for a Pre-Authorized Payment Plan
- Change Information on an Existing Pre-Authorized Payment Plan
- Cancel from the Pre-Authorized Payment Plan as of \_\_\_\_\_  
(Month/Day/Year)

**1. Customer Information**

Name: Customer (Water), Resident (LTC), Tenant (Housing)	Contact Name
Service Address for Water/Sewer or Mailing Address for Billing for Long Term Care or Housing (Street no., name, apt. no., city, postal code)	Telephone No.

**2. Bank Account Information**

A) Void Cheque Attached     **OR**    B) Complete Below:

Bank Account No.	Transit No.	Institution No.
Financial Institution Name and Address (list all names on the account):		

**3. Authorization (if more than one account holder, all account holders' names & signatures are required – use a second sheet if needed)**

I/we authorize the Regional Municipality of Durham to debit my/our account as payment for the amount owing on the payment date/due date. I/we warrant that I/we have authority to sign on the account listed in Section 2

Name of Account Holder (please print)	Signature	Date mm/dd/yy
Name of Account Holder (please print)	Signature	Date mm/dd/yy

**4. Terms and Conditions of Authorization**

1. I/we understand that this Pre-Authorized Payment Plan is for my/our convenience. The Regional Municipality of Durham (Region) relies on the representation constituted by this authorization that the customer's bank account is, and shall be, for the duration of this authorization, in good standing with sufficient funds to cover such pre-authorized amounts as they become due and payable.
2. The pre-authorized payment will be withdrawn on the date shown on the water and sanitary sewer bill; the 10<sup>th</sup> of each month for the current month's service for Long-Term Care residents, or the 1<sup>st</sup> of the month for Tenants in Housing.
3. I/we understand I/we must notify the Region in writing of any changes in the bank account information no later than 5 business days prior to the next payment date/due date.
4. The Region may terminate this authorization at any time or I/we may terminate by sending notification in writing a minimum of 5 days before the date to pay. Upon such termination, any balance due shall be payable directly to the Region. If a credit balance exists on the account, it will be applied to the account or refunded upon request (for Water it will be refunded to the water account holder only). Termination of this authorization does not terminate the contract for goods or services exchanged.
5. Personal information contained in this form is collected and will be used for the processing of account payments, including arrears, owed to the Region. Questions about the collection of this information should be addressed to "Utility Finance, Regional Municipality of Durham" at the address below.

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**Submit this application to:**    Finance Department – Cash Office  
 605 Rossland Road E. Box 623, Whitby, ON L1N 0B1  
 Fax: (905) 666-6204  
 Email: Waterbilling@durham.ca