



Pre-Authorized Payment Plan

Please print this form

For My Water and Sewer Billing Account # _____
Long-Term Care (LTC), Home _____
Housing Services Tenant Account # _____

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 _____ Contact Name _____
Customer (Water), Resident (LTC), Tenant (Housing)

Address _____ Telephone # _____

Service Address for Water/Sewer or Address of Billing Contact for Long Term Care Resident or Housing (Street number, name, apartment number, city, postal code).

2. Bank Account Information

- Void Cheque Attached
- Complete Below

Bank Account # _____ Transit # _____ Institution # _____

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 (Month/Day/Year) _____

Name of Account Holder (please print) _____

Signature _____ Date (Month/Day/Year) _____

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 The pre-authorized payment will be withdrawn on the date shown on the water and sanitary sewer bill; the 10th of each month for the current month's service for Long-Term Care residents, or the 1st of the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.

(F38 (07/17))

Send application to:

Finance Department – Cash Office
605 Rossland Rd E. Box 623,
Whitby, ON L1N 0B1
Fax: 905 666-6204