



## PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FOR WATER / SEWAGE

To enroll in the pre-authorized debit plan, please complete this form and return it to:

The Township of Malahide  
87 John Street South  
Aylmer ON N5H 2C3  
Phone: 519-773-5344 / Fax: 519-773-5334  
Email: [finance@malahide.ca](mailto:finance@malahide.ca)

Payment Frequency: **January, April, July, and October**

Payor Names: \_\_\_\_\_

Account #: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

I/We authorize the Township of Malahide and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions on a quarterly basis as indicated above.

This authority is to remain in effect until the Township of Malahide has received written notification from me/us of its change or termination. This notification must be received at least (10) business days before the next debit is scheduled at the address provided above.

I/We, the Payor may revoke this authorization at any time in writing, subject to providing notice of 10 days. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**BANKING INFORMATION:** **ATTACH VOID CHEQUE**

Branch/Transit # (5 digits) \_\_\_\_\_

Institution # (3 digits) \_\_\_\_\_

Account # (7 digits) \_\_\_\_\_

Branch Address \_\_\_\_\_ Postal Code \_\_\_\_\_

You have certain rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)



## Email Delivery – Utility Bill Authorization

Water/Sewer bills can now be delivered directly by email. Please complete the following fields and return this form to the Township of Malahide in order to receive all future utility bills by email only.

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

Account #: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_