

THE CORPORATION OF THE TOWNSHIP OF SOUTH FRONTENAC

P.O. Box 100
Sydenham, Ontario
K0H 2T0

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SYDENHAM WATER AUTHORIZATION FORM PRE-AUTHORIZED UTILITY PAYMENT PLAN

Terms and Conditions:

I/we authorize The Corporation of the Township of South Frontenac to debit my/our account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me/us with the payee until such time as written notice to the contrary is given.

I/we understand that if more than one returned item in a year is received I/we will become ineligible to continue with the Plan. A returned item charge will be added to the water account for each return. The balance of my utility account will be subject to standard penalties.

I/we authorize payments on the specified due dates. I/we will still receive a detailed billing for review and personal records.

NAME: _____

SERVICE ADDRESS: _____

WATER ACCOUNT NO. _____

MAILING ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: _____

PLEASE INITIAL THE BOX OF THE APPROPRIATE PLAN

Monthly Payment

- Please debit my/our account on the last working day of each month equivalent to 1/3 of the billed quarterly flat rate applicable to my property in respect to water bills. The last monthly withdrawal in the quarterly cycle will be equal to the balance of the flat rate, as well as any consumption or non-usage charges incurred during the billing cycle.

Due Date Payment

- Please debit my/our account the billed amount of my quarterly water bill on the due date.

Signature

Date

Signature

Date

For Office Use:

Account #: _____

Date Entered: _____

Initials: _____

Date Started: _____

Additional Comments: _____