

# ***THE CORPORATION OF THE TOWNSHIP OF SOUTH FRONTENAC***

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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 equal to 1/3 of the billed quarterly flat rate applicable to my/our property in respect to water bills.
- The last monthly withdrawal in each quarterly cycle will be equal to the flat rate plus additional charges for consumption or non-usage within each quarterly cycle, if applicable.
  - For Final Accounts, the last monthly payment will be adjusted, based on due date to reflect the balance due.

#### **Due Date Payment**

- Please debit my/our account the billed amount of my quarterly water bill on the due date.
- Final account billing will be debited from my/our account at the end of the month on the Final bill due date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### ***For Office Use:***

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

Date Entered: \_\_\_\_\_

Initials: \_\_\_\_\_

Date Started: \_\_\_\_\_

Additional Comments: \_\_\_\_\_