



PRE-AUTHORIZED PAYMENT PLAN APPLICATION
In accordance with By-law 2008-213

PLAN DESCRIPTION

Option 1 Exact Payment Plan

The exact amount of the customer bill is paid on the due date directly from the customer's bank account. This plan is available to both Residential and General Service customers.

Option 2 Equal (Budget) Payment Plan

The pre-authorized Equal Payment Plan takes the uncertainty out of paying your water bill.

Twelve equal payments based on the estimated annual bill are deducted from your bank account monthly on the predetermined date. The account balance is reviewed annually to determine if the monthly amount requires adjusting, or if a refund or extra payment is required. This plan is offered to our Residential customers only.

You may choose one of the following dates which best suits your budget:

First

Fifteenth

Twenty-fifth

A blank cheque marked **VOID** is required for verification of bank information for both payment plans.

AUTHORIZATION FORM

NAME OF APPLICANT: _____ BILLING ACCOUNT #: _____

NAME OF CO-APPLICANT: _____

PROPERTY ADDRESS: _____ PHONE #: _____

MAILING ADDRESS if different: _____

EXACT PAYMENT PLAN

1. I/We authorize Belleville Water to debit my/our Bank Account on the DUE date for payment on my Belleville Water account. This authorization is for regular bills and any final bill. *****Please initial here: _____****

PAP Service Type: PERSONAL BUSINESS

EQUAL (BUDGET) PAYMENT PLAN - Residential Only

2. I/We authorize Belleville Water to debit my/our Bank Account in the amount of \$_____ on the _____ day of each month commencing _____. The amount may be adjusted upon notification to me by Belleville Water due to changes in my consumption pattern and/or rates or if I move to another residence.

I/We have **attached a personal void cheque** (bank accounts that require 2 signatures must have both signatures on this application form)

I/We acknowledge that **CANCELLATION** of this plan must be requested 15 days prior to the next deduction.

*****Please initial here: _____**** Belleville Water may cancel the continuation of the plan if two installments fail to be honored by the bank.

I/We acknowledge that a **\$30.00 SERVICE CHARGE** will be applied to the account for any/all pre-authorized payments not honored by the bank in accordance with by-law 2008-213. *****Please initial here: _____****.

I/We have certain **recourse rights** if any debit does not comply with this agreement. For example I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnipay.ca.

Authorized Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____, *(If more than one Signature is required on Bank Account)*

Personal information on this form is collected under the authority of the Municipal Act, SO 2001, c25 and will be used to process your Pre-authorized Payment Plan application. Questions about the collection of this personal information only should be directed to:

Office Manager, Belleville Water, 195 College St W PO Box 939 Belleville, ON K8N 5B6 613 966-3651