

Township of Mapleton - Payor's PAD Agreement

Once completed please return to the office at:

7275 Sideroad 16, PO Box 160 Drayton, ON N0G 1P0

Or email <u>Reception@Mapleton.ca</u>, or fax 519-638-5113. If you require assistance with completing the form please call 519-638-3313.

Section 1 – Customer Information (Please Print Clearly)		
Name(s):		
Account Number(s)		
Taxes: 2 3 3 2 0 0 0 0 0 0 0 0 0		
Water/Sewer:		
Street Address:		
City: Province: Postal Code:		
Telephone Number Home/Business: () Telephone Number Cell: ()		
Email:		
Section 2 – Bank Account Information		
Please provide a personal cheque marked VOID or an electronic funds transfer form from your financial institution.		
Account Branch		
Number: Number:		
Financial Institution Number:		
Financial Institution Name:		
Branch Address:		



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Section 3 – Pre-Authorized Debit (PAD) Deta	ails	
You, the Payor, authorize the Township of Map on the following option(s):	eleton to debit the bank account identified above	
Property Tax Withdrawal on the 1st of every month (or next business day)		
Property Tax Withdrawal on the Due Date	(4 times/year)	
Water/Sewer Withdrawal on the 15 th of eve	ery other month (or next business day)	
Water/Sewer Withdrawal on the 15 th of eve	ery month (amount is 6-month average)	
Start Immediately	Start Date:	
Section 4 – Agreement Details		
account(s). Regular payments for the full amou	me) to begin deductions as per my/our /or one-time payments from time to time, for ownship of Mapleton Property Tax/Water/Sewer out of services delivery will be debited to my/our ownship of Mapleton will provide 10 days written a Township of Mapleton will obtain my/our	
This authority is to remain in effect until the Townotification from me/us of its change or terminal business days before the next debit is schedule obtain a sample cancellation for, or more informagreement at my/our financial institution or by warring the same of the content	ntion. This notification must be received at least 10 ed at the address provided below. I/We may mation on my/our right to cancel a PAD	
Section 5 – Signature(s)		
Name (Please Print):	Name (Please Print):	
Signature:	Signature:	
Date:	Date:	