

## **Pre-Authourized Debit Form – Township of Mapleton**

Property Tax Roll # (If known):

Water/Sewer Account # (If known):

Property Address:

Owner Name(s):

Phone #:

Email:

To Be Applied to Accounts:

Property Tax:	Withdrawal on 1 <sup>st</sup> of <b>every month</b> (or next business day)	
	OR	
Withdrawal on <b>Du</b>		Date (4 times/year)
Water/Sewer:	Withdrawal on 15 <sup>th</sup> of <b>every month</b> (amount is a fixed average)	
	OR	
	Withdrawal on <b>Due D</b>	<b>ate</b> (15 <sup>th</sup> of <u>every other month</u> , exact amount of bill)
To Be in Effect:	Immediately	As of Date:

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Township of Mapleton • 7275 Sideroad 16 • P.O. Box 160 • Drayton, Ontario NOG 1P0 Ph: 519.638.3313 • TF: 1.800.385.7248 • Fax: 519.638.5113 • www.mapleton.ca



## **Pre-Authourized Debit Form – Township of Mapleton**

## **BANKING INFORMATION:**

(Please include a direct deposit form, or a blank cheque, for cross reference of the information below)

Financial Institution Number:

**Branch Number:** 

Account Number:

Branch Address:

## Agreement Details:

I/we authorize the Township of Mapleton and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Township of Mapleton Property Tax/Water/Sewer account(s). Regular payments for the full amount of services delivery will be debited to my/our specified account on the date indicated. The Township of Mapleton will provide 10 days written notice of the amount of each regular debit. The Township of Mapleton will obtain my/ our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Township of Mapleton 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 below. I/We may obtain a sample cancellation for, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

Signed or Printed Name:

Date:

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