

PRE-AUTHORIZED DEBIT FOR MUNICIPAL WATER PAYMENTS

BENEFITS

Payments automatically deducted from your account on the DUE DATE of each bill. (Exact date will be determined by the City of Niagara Falls)

No cheques to write, No due dates to remember, No line-ups, No late fees. Payments always on time — 6 Bi-Monthly Payments per year.

WHO'S ELIGIBLE

All Niagara Falls water account holders whose water account is in good standing. The plan may be cancelled at the account holders request in writing up to 10 business days before the due date; however any outstanding balances become automatically due and subject to penalty and interest charges.

HOW THE PLAN WORKS

Your water/sewer bill will be mailed to you as usual indicating the amount is **"Pre Authorized"**. It will advise you of the date and amount to be deducted from your bank account. All deductions will be on the due date of the bill. Please keep this bill for your records.

Returned payments (NSF etc.) will be subject to a \$40.00 charge as well as penalty and interest charges. Failure to replace a returned payment by the end of the month in which it was returned will result in AUTOMATIC cancellation from the monthly Pre-Authorized Debit Plan.

HOW TO APPLY

- 1) Complete The Attached Application Form.
- 2) Attach A Cheque Marked "Void" For Your Bank Account.
- 3) Forward Your Application and Void Cheque To:

City Of Niagara Falls - Finance Department

MacBain Centre

7150 Montrose RD

Niagara Falls ON L2H 3N3

Attn: Anna D'Amico

Phone: 905-356-7521 x 4309

Email: adamico@niagarafalls.ca

Applications can be mailed or emailed to adamico@niagarafalls.ca or dropped off at City Hall or MacBain Centre. Questions can also be directed to the above phone number or email address.



APPLICATION FOR PRE-AUTHORIZED DEBIT FOR MUNICIPAL WATER PAYMENTS

"I/We have read and understand the Pre-Authorized Payment Plan and authorize my/our bank to draw and issue the amount due on the DUE DATE payable to the City of Niagara Falls for payment of municipal water. "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 PAD agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca"

Homeowner/Company Information

Date _____

Signature _____

Name _____

(Please Print)

Signature _____

Name _____

(Please Print)

(if applicable a joint account and two signatures are required on cheques)

Phone # _____

Cell # _____

E-mail _____

These Payments are for: Personal

Business

Property Information

Water Account # _____

Homeowners Name _____

Property Address _____

(Street #/Name and Postal Code Required)

Mailing Address (if different) _____

(Street #/Name and Postal Code Required)

PLEASE REMEMBER TO INCLUDE A VOID CHEQUE OR DIRECT DEBIT FORM

****Note: Banking information changes must be received 10 days prior to the due date of the bill to take effect for the current billing cycle.**

To be completed by the Water Department Only

Start/Process Date: _____ Cycle: _____

Processed