

EQUAL BILLING PRE-AUTHORIZED DEBIT FOR MONTHLY MUNICIPAL WATER PAYMENTS

BENEFITS

Payments automatically deducted from your account on the **last day** of each month. If the last day of the month falls on the weekend payments will be deducted on the following Monday.

No cheques to write, No due dates to remember, No line-ups, No late fees.
Payments always on time - 12 Monthly payments a year.

WHO IS ELIGIBLE

All Niagara Falls water account holders whose water account is in good standing. Plan may be cancelled at the account holders request in writing by the **24th** day of the month; however any outstanding balances become automatically due and subject to penalty and interest charges.

Residents must have at least **6 months** of billing history at their current property.

HOW THE PLAN WORKS

Applicants will be notified in writing of the monthly payment amount to be deducted on the last day of each month (this is the only day available for deductions).

Returned payments (NSF etc.) will be subject to a \$35.00 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 Voided Cheque To:
City Of Niagara Falls
Corporate Services Department - Finance Division
P.O. Box 1023
Niagara Falls ON L2E 6X5
Attn: Anna D'Amico
Email: adamico@niagarafalls.ca

If you have any questions, please contact the Finance Department at 905-356-7521, ext 4309 or by fax at 905-356-0759

**APPLICATION FOR EQUAL BILLING PRE-AUTHORIZED DEBIT
FOR MONTHLY MUNICIPAL WATER PAYMENTS**

"I/We have read and understand the Equal Billing Pre-Authorized Payment Plan and authorize my/our bank to draw and issue monthly payments payable to the City of Niagara Falls for payment of municipal water bill. "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 1 _____ Print Name _____

Signature 2 _____ Print Name _____
(if applicable for a joint account and two signatures are required on cheques)

Phone Number(s)
Home _____ Business/Cell _____

These Payments are for: Personal Business

Property Information

Water Account Number _____

Homeowners Name _____

Property Address _____

Mailing Address (if different) _____

REMEMBER TO INCLUDE A CHEQUE MARKED "VOID"

Note: Banking information changes, to be effective for the current month, must be received no later than the 24th day of the month; otherwise changes will not take effect until the following month.