



Tenant Water Account Move Form

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Please complete all applicable fields of this form.

Water Account Number:	
Service Address:	
Account Holder's Name:	
Phone:	
Email:	
Move Date:	
Forwarding Address for Final Bill:	
<p>Please confirm your preferred method of refund for any remaining credit balance on your account after final billing has been completed:</p>	
<p>Option One: <u>Direct Deposit Electronic Funds Transfer (EFT)</u> Please complete the EFT Vendor Form and provide a Void Cheque or Direct Deposit Form issued from your banking institution. See pages 2 and 3.</p>	<input type="checkbox"/>
<p>Option Two: <u>Transfer to new City of Niagara Falls Water Account</u> If the address for your new City of Niagara Falls Water Account differs from the forwarding address provided above, please list the address for transfer below.</p>	<input type="checkbox"/>
Landlord's Name:	
Landlord's Phone Number:	

For Office Use Only

Received By:		Received Date:	
Notified by:	Phone <input type="checkbox"/>	E-mail <input type="checkbox"/>	In Person <input type="checkbox"/>
	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	Purchaser <input type="checkbox"/>
Informant Name:			



7150 Montrose Rd
Niagara Falls, ON L2H 3N3
905 356-7521 x 4347
water@niagarafalls.ca
www.niagarafalls.ca

Dear Customer,

The City of Niagara Falls has implemented Direct Deposit Electronic Funds Transfers (EFT) for payments and email delivery of EFT notifications.

EFT payments are secure, efficient and avoid the expenses and delays associated with lost, stolen or delayed cheques sent via standard mail.

To receive EFT payments and notifications, please complete and return the form on the reverse side of this letter along with a **VOID cheque or Direct Deposit Form**.

Please contact us if you have any questions about EFT registration or require future updates to your account or banking information.

All banking information is confidential and is used only for direct deposit purposes.

Thank you for helping the City of Niagara Falls streamline its payment process.

Yours truly,

City of Niagara Falls



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

CUSTOMER INFORMATION

Date					
Name					
Remittance Notification Email				Phone #	
Address					
City		Province		Postal Code	
HST Registration Number					

BANKING INFORMATION

Financial Institution Name					
Branch Address					
City		Province		Postal Code	
Bank Code		Transit #		Account #	

I/We hereby authorize The Corporation of the City of Niagara Falls to deposit to my/our account indicated above for the purpose of payment of vendor invoices, and/or refunds for water and tax accounts. This authorization is to remain in effect until the payer has received written notification of termination in such time and manner as to afford the payer in writing of any bank account changes and/or closures a minimum of 30 days in advance.

Date		Date	
Signature		Signature	
Printed Name		Printed Name	
Title		Title	

Please ensure to enclose either a VOID cheque or your bank accounts Direct Deposit Form with the completed form. For a joint account, all depositors must sign if more than one signature is required on the cheques issued against the account.