

Water Account Move Form

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Please complete all applicable fields of this form. For all property sales a Letter of Notification from your Lawyer and a copy of the Deed is required to officially update the Water and Property Tax Accounts.

Water Account Number:	
Service Address:	
Account Holder's Name:	
Phone:	
Email:	
Move Date:	
Forwarding Address for Final Bill:	
<i>Tenants, please complete information below</i>	
Landlord's Name:	
Landlord's Phone Number:	
<i>Owners, please provide your Lawyer's information below</i>	
Lawyer's Name:	
Law Firm:	
Law Firm's Phone Number:	

New! Security Deposit Refund by Direct Deposit for Tenant Accounts.

Once final billing has been completed, a Tenant's Security Deposit is applied to the final balance. A Tenant can request any credit balance to be refunded to them by direct deposit instead of by cheque through Canada Post. If you are a tenant and would like any applicable refund issued to you by direct deposit, please complete page two. The completed Water Account Move Form, EFT Vendor Application and either a copy of a void cheque or direct deposit form should be returned to our office by email at water@niagarafalls.ca. If an EFT Vendor Application form is **not** completed in full and received by our office, any credit will be refunded by cheque. *Cheques are only issued once per month.

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:			



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

PAYEE INFORMATION

Date		Remittance Email *required				
Company Name or Individual First/Last Name						
Mailing Address			*		Phone #	
City		Province		Postal Code		

* HST Registration is not applicable for Tenent Water Account EFT's

BANKING INFORMATION

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

I have enclosed a void cheque or Pre-Authorized Payment form.

I/We hereby authorize The Corporation of the City of Niagara Falls to deposit to my/our account indicated above for the purpose of issuing payments. 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. For a joint account, all depositors must sign if more than one signature is required on the payments issued against the account.

Date		Date	
Signature		Signature	
Printed Name		Printed Name	
Title		Title	

Prior to issuing your 1st payment, the City will call to verify the banking information provided. Please provide the appropriate contact information below.

Name		Phone #	
Email			