

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize "West Nipissing Water & Sewer" 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 quarterly" payments of all charges arising under my/our "West Nipissing Water & Sewer" account(s). Regular quarterly payments for the full amount of services delivered will be debited to my/our specified account on the due date indicated on my/our invoice(s). "West Nipissing Water & Sewer" will provide 10 days written notice of the amount of debit. "West Nipissing Water & Sewer" will obtain my/our authorization for any other debits.

This authority is to remain in effect until "West Nipissing Water & Sewer" has received written notification from me/us of its change or termination, or by signing the cancellation request at the bottom of this agreement. The notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. This agreement will also be deemed null upon the sale of the property.

"West Nipissing Water & Sewer" may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD agreement.

CUSTOMER(S) INFORMATION (please print)

DATE: _____

Name(s): _____

West Nipissing Water & Sewer Account #:

Address: _____

Type of service: Personal _____ Business _____

City/Town: _____

Province: _____ Postal Code: _____

Telephone Numbers: Home: _____

Work/Business: _____

FINANCIAL INSTITUTION INFORMATION (FI)

Note: Please attach a VOID cheque - required

(please print)

FI account #: _____

FI Branch & Transit Number: _____
(branch-5 digits; transit- 3 digits)

FI Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Customer(s) Authorized signature(s): _____

CANCELLATION OF ABOVE PAD AGREEMENT per: _____ (please print)

DATE: _____ SIGNATURE(S): _____



West Nipissing Ouest

West Nipissing Water & Sewer
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Web site: www.westnipissing.ca