Township of Mapleton – Payor's PAD (Monthly) Agreements

1. Customer Information (Please Print Clearly)

Name: _____

The Township of Mapleton Account Number | | | | | | | | | | | | | | | | | | |

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (519) - _____

2. Bank Account Information

Deposit Account Number: | | | | | | | | | | |

Branch Transit Number: | | | | | |

Financial Institution Number | | |

☐ Chequing Account ☐ Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize The Township of Mapleton to debit the bank account identified above for $_____ on the _____ of every month or the next business day.

These services are for (check one) ☐ Personal ☐ Business Use

You the Payor may revoke your authorization at any time, subject to providing written notice of at least ten (10) business days before the next debit is scheduled to the address below. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____

Name: _____
(Please Print Clearly)

Date: _____

Signature of joint Account Holder (if applicable): _____

Name: _____
(Please Print Clearly)

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 you recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail, fax or e-mail to:

The Township of Mapleton
P.O. Box 160 Drayton, ON N0G 1P0
Tel: (519) 638-3313 – Fax 519-638-5113
reception@town.mapleton.on.ca