

Township of Mapleton - Payor's PAD (Due Date) Agreements

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

I/we authorizes The Township of Mapleton 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 recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Township of Mapleton Utility/Tax account(s). Regular payments for the full amount of services delivered will be debited to my/our specified account on the due date. The Township of Mapleton will provide 10 days written notice of the amount of each regular debit. The Township of Mapleton will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until The Township of Mapleton has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Township of Mapleton 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. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s): _____ Type of Service: Personal _____ Business _____

Twp of Mapleton Utility/Tax Account #: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus) _____ (Res) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(branch – 5 digits: FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

The Township of Mapleton
P.O. Box 160
Drayton, ON N0G 1P0
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