

TOWN OF SOUTH BRUCE PENINSULA
FOR WATER & SEWER BILLING
CUSTOMER AGREEMENT & AUTHORIZATION
PRE-AUTHORIZED PAYMENTS

Customer Information:

Account Number _____
Name _____
Address _____
_____ Telephone () _____

Financial Institution Information:

Bank Name _____
Address _____ Account No. _____
Branch No. _____ Institution No. _____

(attach a blank cheque marked **VOID**)

The undersigned customer authorizes the Town of South Bruce Peninsula to debit the bank account at the above branch and institution in payment of water/sewer billing under the terms and conditions agreed to between the undersigned and the Town of South Bruce Peninsula, until such time as written notice to the contrary is received by the Town of South Bruce Peninsula.

_____ **DUE DATE** A debit in the amount stated on the water/sewer bill may be drawn on the bank account on the due dates as established by municipal by-law. **Instalment date to start deductions** _____.

It is acknowledged by the undersigned that delivery of this Authorization to the Town of South Bruce Peninsula constitutes delivery by the undersigned to the above noted financial institution. It is warranted by the undersigned that the person whose signature is required to sign on the above customer account has signed this authorization.

Signature of Customer:: _____

Date: _____