



Confirmation Of Pre-Authorized Payment (PAP) Sign Up Utilities

Please fill in this form and return to the office of the Municipality of Marmora and Lake with a personal cheque unsigned and marked VOID, or a PAD form from your bank, which will be used for verification purposes.

PAYOR NAME _____ DATE _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____ TELEPHONE # _____

For the purpose of paying UTILITY BILLS ACCOUNT(S) # _____

THIS FORM GIVES AUTHORIZATION FOR

The Municipality of Marmora and Lake, P.O. Box 459, 12 Bursthall St., Marmora, ON, K0K 2M0 to debit Payor Account (Check One) Yes _____ NO _____

ACCOUNT NAME _____

FINANCIAL INSTITUTION (Name & Transit #) _____

ACCOUNT # _____

CONFIRMATION OF PRE-AUTHORIZED DEBIT (PAP) SIGN UP

PAYMENT START DATE _____

Pre-Authorized Payment is for (Check One): PERSONAL _____ BUSINESS _____

MUNICIPALITY OF MARMORA AND LAKE

PO Box 459, 12 Bursthall Street, Marmora, ON, K0K 2M0
PH. 613-472-2629 | FAX 613-472-5330 | marmoraandlake.ca



PRE-NOTIFICATION TERMS

The Payee has agreed to pay the required amount that is needed for their Utility Account(s), listed on the reverse side of this form, on the due date. All Utility Account(s) should be at a Zero Balance at the time of setup. The Payee has agreed that we may waive the pre-notification for equal monthly PAPs and agree that advance notice is not required prior to the debit being processed.

I/WE have read and understood the terms of this authorization and acknowledge receipt of a copy thereof. (Joint Accounts require both signatures)

Signed _____ Dated _____

Signed _____ Dated _____

Note:

The PAP Agreement may be cancelled provided notice is received 15 days prior to the PAP monthly date, and not to exceed thirty (30) days before the next scheduled PAP. A Cancellation Notice is required to be filled out and may be obtained at the Municipal Office. If any of the above details are incorrect, please contact us immediately at the above information. If the details are correct, you do not need to do anything further and your Pre-Authorized Payments will be processed and start on the Payment Date indicated above.

You have certain recourse rights if any debit does not comply with these terms. You have the right to receive reimbursement for any PAP that is not authorized or is not consistent with this PAP agreement. To obtain more information on your recourse rights, contact your financial institution or visit cdnpay.ca. (Exception; If a Funds Transfer PAP and coded "650" or "83", CPA Member initiating the Funds Transfer must advise that the Payor will not have recourse within the CPA Rules).