



**The Corporation of The City of Brockville  
Electronic Pre-Authorized Payments for Water**

With our pre-authorized debit option your payment is made automatically on the **DUE DATE**. Water bills are issued four times a year. The due date is 21 days after the bill is issued.

**HOW CAN YOU JOIN?**

Complete and sign the enrolment/authorization form below. Attach your personal unsigned blank cheque, marked **VOID**. Mail or deliver this form and voided cheque to:

The Corporation of the City of Brockville  
P.O. Box 5000,  
1 King Street West,  
Brockville, Ontario K6V 7A5  
Attention: Revenue Office - Water Services

or completed form and copy of voided cheque may be faxed to (613) 342-2261 )  
or Emailed to: [water@brockville.com](mailto:water@brockville.com) (An after hours drop box is located at the front of City Hall)

✂.....cut here, and return bottom portion to Revenue Office.....

**WATER PRE-AUTHORIZED PAYMENT AUTHORIZATION**

Name: \_\_\_\_\_

Water Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

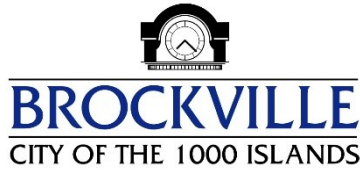
Financial Institution #: ( 3 digits ) \_\_\_\_\_ Tran sit #: ( 5 digits ) \_\_\_\_\_

Bank Account #: \_\_\_\_\_ *(Please attach voided cheque)*

I agree that a pre-authorized debit in the full amount of the invoice will be withdrawn from my account on the due date. I acknowledge that I have read and understood all the provisions in the terms and conditions of the pre-authorized payment enrolment and that I have received a copy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Paid current bill: Y\_\_\_\_ N\_\_\_\_ Setup date: \_\_\_\_\_



## TERMS AND CONDITIONS

I authorize the payee (The Corporation of the City of Brockville) to debit my account as indicated on the attached void cheque under the terms and conditions agreed to by me with the payee until such time as a written notice to the contrary is given. I agree that delivery of this authorization to the Payee constitutes delivery by me to the Financial Institution. I will notify the Payee in writing of any changes in the account information or termination of this authorization 30 days prior to the next due date of the pre-authorized debit.

## REGULATIONS

1. Customers must not have arrears on their account to join the plan.
2. Customers who do not have sufficient funds to cover a payment will be levied the usual charge for a returned payment.
3. Customers who have two instances of insufficient funds will be taken off the payment plan.

I warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

The Corporation of the City of Brockville may, at its sole option, cancel or suspend the right to pay the water account pursuant to the authorization on ten days' notice.