



56 Queen Street  
Port Hope, ON L1A 3Z9  
t: 905.885.4544  
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[waterbilling@porthope.ca](mailto:waterbilling@porthope.ca)

**Pre-Authorized Payment Plan Enrolment Application Form - WATER & SANITARY SEWER**

Name: _____		Telephone Number: _____	
Property Address: _____		Account Number: _____	
Effective date: _____			
<b>Please note:</b> Pre-Authorized payment for water and sanitary sewer will be withdrawn on the due date appearing on your bill.			
Bank or Financial Institution: _____			
Branch Address: _____		City: _____	Postal Code: _____
Bank Number: 	Transit Number: 	Account Number: 	
<i>Please include an unsigned personalized cheque or bank encodes slip for accounts from which you want the Municipality to withdraw your water and sanitary sewer payments. Write 'VOID' in ink across the face of the cheque or pre-authorized transaction</i>			
<p>Please attach VOID cheque here.</p>			
I have read the attached conditions and hereby authorize my financial institution to debit my account based on the Municipality of Port Hope Pre-Authorized Payment Plan for the purpose of paying water and sanitary sewer with respect to the properties noted.			
Signature: _____		Date: (YYYY/MM/DD) _____	
<b>For Office Use Only</b>			
Customer ID: _____	Processed by: _____	Date: _____	

\*Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.



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### Pre-Authorized Payment Plan Conditions

#### I/we agree to the following conditions:

- By enrolling in the Pre-Authorized Payment Plan for water and sanitary sewer, I am authorizing the financial institution identified to withdraw water and sanitary sewer payments payable to the Municipality of Port Hope.
- I will notify the Municipality of Port Hope promptly in writing of changes of my financial institution, branch, or account. If I am changing ownership of the property and/or need to cancel these pre-authorized payment arrangements, I will notify you in writing giving at least 21 days notice.
- The Municipality of Port Hope reserves the right to cancel these pre-authorized payment arrangement with written notice to you.
- If two (2) payments in the same calendar year fail to be honoured, the Director of Finance may cancel enrolment in the plan. Each payment that is not honoured from the account under the plan will be assessed by the Municipality's current administration fee. I am aware that the Municipality will not retry a returned NSF payment. This payment **must be paid** by the end of the month in which it occurred.
- I understand that, after my enrolment in the plan has been approved, I will receive from the Municipality of Port Hope, a notice of the amount of withdrawal and will receive written notification from the Municipality as adjustments are made to the withdrawal amount due to new billings or otherwise.
- I am protected against a loss due to error, fraud or misrepresentation, provided that I notify the financial institution identified above of the problem within 90 days of the date the payment was charged to my account.
- Once I have received notice of the amount of withdrawal, I will check my account statement regularly to confirm that withdrawals are being made in accordance with the authorization I have signed with the Municipality of Port Hope.