

Automatic Withdrawal Application Form

Customer Information

Assessment Account Number:	
Name (as it appears on your bill):	
Mailing Address (include civic number):	
Phone Number:	
Email:	
Banking Information (please attach copy of void cheque)	
These services are for:	□ Personal □ Business
Name of Financial Information:	
Address of Financial Institution:	
Institution Number:	
Transit Number:	
Account Number:	
Pre-Authorized Payment Plan Details I,, authorize the Municipality of the District of St. Mary's to debit my bank account on the fifteenth NAME	
business day of each month in the amount of \$	starting on to and including DATE DATE
* Please be sure to attach a copy of a VOID cheque with this application form.	
Recourse Rights	
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 Pre-Authorized Payment that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca	
Returned Debit From Bank (Example: Non-Sufficient Funds (NSF)	
If your pre-authorized payments are returned by the financial institution your account is subject to service charges as established by The Municipality of the District of St. Mary's. One returned debit will result in removal from the Pre-Authorized Payment Program. I/We hereby authorize the Municipality of the District of St. Mary's and the financial institution indicated above to release funds for payment under the terms and conditions of this enrollment form.	
Account Holder	
Signature:	
Name (please print):	
Date	
Joint Account Holder	
Signature:	
Name (please print):	
Date:	