



**MUNICIPALITY OF CENTRAL HURON**  
**PRE-AUTHORIZED PAYMENT AUTHORIZATION**  
*Water/Sewer*

I/we authorize the Mun. of Central Huron and the financial institution designated (or any other financial institution) I/we may authorize at any time) to begin deductions as per my/our instructions for payment of all charges arising under my/our Mun. of Central Huron Property Tax account.

This authority is to remain in effect until the Mun. of Central Huron has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a Pre-Authorized Debit Agreement (PAD) at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain resource rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our resource rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Personal Information:** (Please Print)

Name(s): \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Service Address (if different than above): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

These services are for:  Personal Use  Business Use

I/We are:  Applying for a Pre-Authorized Payment Plan  Changing Information on my Plan

Complete this form, attached with a VOID cheque, and submit to:

**Utilitiesclerk@centralhuron.com OR**  
**Municipality of Central Huron (ATTN: Water and Sewer Dept.)**  
**PO Box 400**  
**Clinton ON N0M1L0**