

PAYOR'S Preauthorized Electronic Payment AGREEMENT
Pre-Authorized Electronic Payment
Authorization of the Payor to the Payee to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

Please indicate which service you are authorizing payment for
(Only ONE per form)

Please deduct one total for month \$ _____ (Txs & W/S)

PAYOR INFORMATION *(please type or print clearly)*

Payor Name(s):

Roll No.:

Property Address:

Mailing Address:

Telephone:

Name(s) of Account Holder(s):

Signature(s) of Account Holder(s):

Date:

Date:



PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please type or print clearly)*

Branch Number

Institution Number

Account Number

Name of Financial Institution

Branch

Branch Address

City/Province

Postal Code

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PAYEE INFORMATION *(Please type or print clearly)*

Payee Name: Town of Northeastern Manitoulin & the Islands

Address: Postal Bag 2000 15 Manitowaning Rd Little Current, On P0P 1K0

Telephone: (705) 368-3500

PAYMENT INFORMATION *(please type or print clearly)*

Please specify whether the payment is a:
(Please check one)

Fixed Amount: *(Please specify)* _____

Starting Date: _____

Variable Amount: If variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: _____

Occurring at:
(Please check one)

Set intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly) _____

Sporadic intervals

Are top-ups or adjustments permissible?
(Please check one)

Yes

No

PAYOR'S Preauthorized Electronic Payment AGREEMENT

Terms & Conditions

1. In this Agreement , "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Electronic Payment Plan for payment of Taxes and Utilities, and I authorize the Payee Indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for above payments (a "Preauthorized Electronic Payment Agreement") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Preauthorized Electronic Payment, and any Preauthorized Electronic Payments drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me in writing. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement I must provide notice of revocation or cancellation to the Payee. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
4. I agree that my Financial Institution is not required to verify that any Preauthorized Electronic Payment has been drawn in accordance with this Agreement including the amount frequency and fulfillment of any purpose of any Preauthorized Electronic Payment.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. (a) I understand that with respect to:
 - (i) amount Preauthorized Electronic Payments occurring at set intervals, I shall receive written notice of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Preauthorized Electronic Payment, and such notice shall be received every time there is a change in the amount or payment date(s);
 - (ii) variable amount Preauthorized Electronic Payments occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Preauthorized Electronic Payment; and
 - (iii) fixed amount and variable amount Preauthorized Electronic Payments occurring at set intervals, where the Preauthorized Electronic Payments Plan provides for a change in the amount of such fixed and variable amount Preauthorized Electronic Payments as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a Preauthorized Electronic Payment, no pre-notification of such changes is required.

-OR-

If Payor agrees to waive pre-notification, Payor must sign where indicated.

- (b) I agree to either waive the pre-notification requirements in section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.

Signature of Payor

Signature of Payor

7. I agree that with respect to Preauthorized Electronic Payment, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.

