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## Pre-authorized Payment (PAP) Application Asphodel-Norwood Utility Account

Customer Name(s)	
Address	
Telephone Number	Email Address for E-Billing

I/We hereby authorize the Township of Asphodel-Norwood and the financial institution designated to begin deductions, on the billing due date, for bimonthly recurring payments and for payment of all charges arising under my/our Township of Asphodel-Norwood Utility account.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have this right to receive reimbursement for any pre-authorized debit that is not authorized or is not consistent with this pre-authorized debit agreement.

**Penalties:** An administrative fee of \$45.00 will be applied to your account for payments not cleared by your financial institution. If payment is not replaced or payment is not cleared 3 times, you will be removed from the pre-authorized payment program. In addition, a penalty of 1.25% will be applied to accounts over 30 days in arrears. Your account must be in current standing for one year in order to re-enroll in the program.

A personal void cheque has been attached to this application. I/We acknowledge that cancellation of this plan must be given in writing by myself/ourselves or agent acting on my/our behalf, 10 business days prior to the next scheduled debit.

Authorized Signature(s)	Date

### Office Use Only

Utility Account Number	Notes
Employee Signature	Date Applied