



Pre-Authorized Payment Plan (PAP) **Application Form**

I hereby authorize the Greater Napanee Utilities to debit my account bi-monthly for Utility payments (Water & Sewer).

Property Account Number: _____

Property Address: _____

Owner's Name: _____

Mailing Address: _____

Telephone Number: Home _____ Cell _____

A cheque marked void or a form from your bank detailing your banking information must be submitted with this application form.

Application Date: _____

Authorized Signature: _____

I authorize Greater Napanee Utilities and the designated financial institution to begin deductions as per my instructions for bi-monthly regular recurring payments for payments arising under my GN Utilities account. Regular bi-monthly payments for the full amount of services delivered will be debited from my account on the 3rd last business day of the month. GN Utilities will provide 10 days written notice of the amount of each regular debit.

This authority is to remain in effect until GN Utilities has received written notification from me of its change or termination. This notification must be received at least 10 business days before the next scheduled debit at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAP agreement at my financial institution or by visiting www.cdnpay.ca

GN Utilities may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAP that is not authorized or is not consistent with this PAP agreement. To obtain a form for Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Greater Napanee Utilities – Attn: Billing Clerk
124 John St., P.O. Box 97
Napanee, ON K7R 3L4
613-354-9338