

Water/Sanitary Sewer Monthly Equal Billing Payment Plan

BENEFITS:

PAYMENTS DEDUCTED FROM YOUR ACCOUNT AUTOMATICALLY ... NO POSTAGE OR LINE UPS!	PAYMENTS ALWAYS ON TIME ... AVOID LATE PAYMENT CHARGES!
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<p>HOW IT WORKS ...</p> <ol style="list-style-type: none"> 1. Account must be metered and have received minimum 4 metered billings. 2. Monthly Equal Billing payments may be adjusted throughout the year as required. Yearly recalculations will be required to reflect Yearly Water/Sewer Rate Structure. 3. Complete the "Water/Sanitary Sewer Monthly Equal Billing Payment Plan" portion of this notice. 4. Attach a voided cheque to the requested form. For joint accounts all depositors must sign the authorization form if more than one signature is required on the cheque. 5. Payments are withdrawn on 2nd banking day of each month. 6. Return the form and cheque to the address shown on the form to the Finance Department before the 15th day of the month prior to the billing. 	<p>PENALTIES:</p> <p>If any payment does not clear your bank account a charge of \$35.00 will be added to your account. The City may cancel continuation of this plan at any time upon default of payment.</p> <p>You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.</p> <p>HOW TO WITHDRAW:</p> <p>To withdraw from this plan and revert back to the installment system, provide 30 days written notice to the City of Welland Finance department.</p> <p>FOR INFORMATION:</p> <p>For more information please contact the Finance department at 735-1700, or visit www.welland.ca.</p>
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HOW TO ENROLL:

Complete the lower portion of this form and detach it. Write the word "VOID" across the front of a cheque and mail or bring it along with the completed form to City Hall, 60 East Main St., Welland, ON L3B 3X4.

REQUEST FOR WATER/SANITARY SEWER MONTHLY EQUAL BILLING PAYMENTS

I/We authorize my/our bank to draw and issue payments payable to the City of Welland for payment of Water/Sanitary Sewer Bill. For a joint account, if more than one signature is required on cheques issued against the account, all depositors must sign.

Residential Property: _____

Non-Residential Property: _____

Water Account _____

Signature 1 _____

Property
Location _____

Print Name _____

Billing, Name(s) _____

Signature 2 _____

Mailing Address _____

Print Name _____

Phone - Home _____

Phone - Business _____

Postal Code _____

Date _____

Be sure to include a voided Cheque.

MAIL TO: City Hall, 60 East Main Street, Welland, Ontario L3B 3X4--Attention: Finance Department