

Town of Essex
Pre-Authorized Debit (PAD) Agreement
For Water/Wastewater Account Enrollment Form

1. Customer Information (please print clearly)

Name: _____

Utility Account Number: _____

Mailing Address: _____

City: _____

Telephone Number: _____ Province: _____ Postal Code: _____

2. Banking Information

Please attach a void cheque with your banking information.

3. Pre-Authorized Debit (PAD) Details

You the Payor authorizes the Town of Essex to debit the bank account identified above in the manner as indicated below.

Your monthly billing amount will be withdrawn from the bank account provided on the day your invoice is due.

Note: Any payments returned for insufficient funds will be subject to a charge per the Fees and Charges by-law.

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. It is the responsibility of the payor to disclose and obtain the signature of a joint account holder where two signatures are required.

Signature of Account Holder

Signature of Joint Account Holder (if required)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. Doing so does not affect any ongoing financial obligation to the payor. 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, contact your financial institution or visit [Canadian Payments](#)



When the form is complete, mail or fax to:
The Corporation of the Town of Essex
33 Talbot Street South
Essex, Ontario N8M1A8
Tel: 519-776-7336 ext 3051 Fax : 519-776-8811
email: waterbilling@essex.ca