Please Return to:
Longlac Ward Office
Municipality of Greenstone
105 Hamel Ave, P.O. Box 640
Longlac, ON P0T 2A0

MUNICIPALITY OF
GREENSTONE

For more information:
nicole.des@greenstone.ca
T: 807-876-2316
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www.greenstone.ca

CUSTOMER AGREEMENT & AUTHORIZATION FORM

PRE-AUTHORIZED DEBIT (PAD) PLAN FOR THE MUNICIPALITY OF GREENSTONE

ACCOUNTS RECEIVABLE MUST BE UP-TO-DATE TO BE ELIGIBLE FOR A MONTHLY PAYMENT PLAN

STEP ONE - PLEASE SELECT A PLAN:

☑ **MONTHLY BUDGET PLAN**
Twelve (12) Payments
January - December
Last banking day of the month

REQUESTED PLAN START DATE

_____ / _____
Month Year

STEP TWO - ACCOUNTS RECEIVABLE INFORMATION: (PLEASE PRINT)

Account Number: _____

Municipal Address of Property: _____

Account Holder Name(s): _____

_____

This application is made on behalf of: ☐ A Person ☐ A Business

Account Holder's Mailing Address: _____

_____
(City) (Province) (Postal Code)

Account Holder's Email Address: _____

Account Holder's Telephone Number: (__ __ __) – __ __ __ – __ __ __ __

STEP THREE - PLEASE ATTACH A VOID CHEQUE OR BANK LETTER CLEARLY INDICATING THE INFORMATION BELOW

Branch Transit # (5 digits) Financial Institution # (3 digits) Bank Account #

I/We authorize the Municipality of Greenstone, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments for payment of all charges arising under my/our Municipality of Greenstone Accounts Receivable account(s). Regular monthly payments will be debited on the last business day of each month. This authorization remains in effect until the Municipality of Greenstone Accounts Receivable Department has received written notification from me/us of it's change or termination. This notification must be received in writing at least 10 days prior to the next scheduled debit. I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to reimbursement for any PAD that is not authorized or is inconsistent with this PAD agreement. To obtain further information I/we may contact my/our financial institution or visit www.payments.ca.

STEP FOUR: If multiple signatures are required to issue a cheque or authorize a debit on the bank account being used for the PAD plan, please ensure they all sign below. The Debit Account provided must be in the Account Holder's name or in the Applicant's name listed on the PAD agreement.

Authorized Signature(s) _____ **Date:** _____

Authorized Signature(s) _____ **Date:** _____

Personal information is being collected and will be used to administer the pre-authorized debit (PAD) plan for the accounts receivable payments program. Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. If you have questions about the collection, use or disclosure of this personal information please call 807-876-2316 or email nicole.des@greenstone.ca