



# Pre-Authorized Utility Payment Program

5 Barager Blvd  
McDougall ON P2A 2W9  
Tel.: 705-342-5252  
Fax: 705-342-5573

***The easy way to pay your water and/or wastewater bill***

Please review and complete the Pre-Authorized Debit (PAD) agreement information below:

I/we authorize the Municipality of McDougall and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as identified on this application

I/we understand that the Municipality will issue a letter indicating the amount of my installments and the dates of withdrawal from my/our financial institution account.

I/we understand that I/we may cancel our agreement by providing written notice to the Municipality at least 15 days before the next debit is scheduled and the notice must be sent to the Municipality address indicated on this form. I/we also understand that the Municipality may terminate this authority if any of my/our payments are returned by my/our financial institution as per the conditions of enrolment in the Municipality Pre-Authorized Utility Payment Program.

If any of your pre-authorized payments do not clear through your financial institution account, the Municipality will charge you an administrative fee and penalty/interest.

**YOUR ACCOUNT MUST NOT BE IN ARREARS IN ORDER TO BE SIGNED UP FOR THE PROGRAM**

## Payment Plan Dates

February 1, 2024  
April 4, 2024  
May 30, 2024  
August 1, 2024  
October 3, 2024  
December 5, 2024

Questions about this program can be directed to the Municipality at  
5 Barager Blvd,  
McDougall ON P2A 2W9  
Telephone 705-342-5252

Please submit the completed form along with a void cheque to our office at 5 Barager Blvd. McDougall ON P2A 2W9 or by email to Deputy Treasurer, Krissy Schneider at [kschneider@mcdougall.ca](mailto:kschneider@mcdougall.ca)

Please complete all fields including the full date YYYY-MM-DD (Year, Month, Day) and signature(s). Incomplete forms will be returned.

My/our application is for ☐ Personal or ☐ Business

Enclose void cheque

## **Applicant Information**

Assessment Roll Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner(s): \_\_\_\_\_

1. Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

2. Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

\* Please provide additional signatures, if more than one signature is required on cheques issued against the account.

## **Canadian Financial Institution Information**

**In order to be signed up for the program you must attach a void cheque**