



PREAUTHORIZED DEBIT (PAP) FORM

CUSTOMER INFORMATION

Account #	First Name:	Last Name:
Address:		
City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:

BANK ACCOUNT INFORMATION

Transit #:	Bank ID:	Account #:
Account Holder Name (First, Last):		
Secondary Holder Name (First, Last):		
Account Type	Chequing	Savings
Bank Name:		
Branch Address:		

Attach Void Cheque or Preauthorized Debit Form here.

I authorize the District of Muskoka to debit my account for the account balance on a bi-weekly basis.

Signature of Account Holder

Date

Signature of other person if bank account is joint

Date



TERMS AND CONDITIONS

I/We will notify The District Municipality of Muskoka (hereafter called the District) in writing, of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.

I/We will notify the District in writing, of any hold of this authorization at least 48 hours (2) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the District.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the District to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance to this authorization.

I/We understand that any debit charged to my/our account will be reimbursed if:

- (a) The debit was not drawn in accordance with this authorization;
- (b) This authorization has been terminated; or
- (c) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the District, by giving notice in writing to my/our branch on account within ninety (90) days of the debit to my/our account.

I/We acknowledge that delivery of this authorization to the District constitutes delivery to my/our financial institution.

I/We acknowledge that an NSF charge will apply to all NSF debits as per the applicable by-law, as amended from time to time.

I/We warrant that all persons whose signatures are required to sign on this account have been provided with this authorization.

Signature of Account Holder

Date

Signature of other person if bank account is joint

Date