



Canadian Gateway to the 1000 Islands

**The Corporation of the Town of Gananoque**  
30 King Street East, PO Box 100, Gananoque, ON K7G 2T6  
www.gananoque.ca  
Telephone: (613) 382-2149 Facsimile: (613) 382-8587

## **QUARTERLY PRE-AUTHORIZED UTILITY PAYMENT INFORMATION SHEET**

### **HOW DOES THE PLAN WORK?**

The Pre-Authorized Payment Plan enables you to pay your utility bills directly from your bank account, without having to write cheques, pay for postage or worry about missed due dates. The Corporation of the Town of Gananoque does not charge for this service. You are requested to please check with your bank if you have any questions about bank service charges.

### **WHAT WILL THE DEDUCTION AMOUNT BE AND WHEN WILL IT BE DEDUCTED FROM MY BANK ACCOUNT?**

The deduction amount will be dependent on your utility bill. We will deduct the total amount of your utility bill, unless your utility bill shows a credit balance. The payment amount will be deducted from your bank on the Payment Due Date as stated on your bill.

### **WHAT IF I SWITCH BANK ACCOUNTS TO ANOTHER BRANCH, OR ANOTHER BANK?**

*PLEASE CALL THE UTILITY BILLING OFFICE AT 613-382-2149, extension 1117, at least 10 business days in advance to arrange a NEW AGREEMENT, so that your payments can continue.*

### **IF I SIGN UP FOR THE PRE-AUTHORIZED PAYMENT PLAN, CAN I STOP A PAYMENT?**

Yes, you can instruct your bank to stop payment "BEFORE" the deduction goes through your account. You must advise the Utility Billing Office in writing at least 10 business days in advance of the Payment Due Date in order for us to remove your payment deduction information from the data we send to the bank.

*PLEASE REMEMBER THAT IF A PAYMENT DEDUCTION IS NOT HONOURED BY YOUR BANK, AND YOU HAVE NOT NOTIFIED US IN ADVANCE, A \$30.00 SERVICE CHARGE WILL BE APPLIED TO YOUR UTILITY ACCOUNT.*

If two payments are returned by your bank, your enrollment in the plan will be terminated.

### **WHAT IF I DECIDE TO DISCONTINUE THE PRE-AUTHORIZED PAYMENT PLAN?**

You may withdraw from the plan by giving written notice at least 10 BUSINESS DAYS PRIOR to the next payment date. Please remember to make your payment using one of the other payment options listed on the back of your utility bill.

### **HOW DO I/WE ARRANGE FOR PRE-AUTHORIZED PAYMENTS?**

Complete the Application Form and return it to the Gananoque Town Hall with a Sample Cheque marked "VOID".

*For additional information please contact the Utility Billing Office at 613-382-2149, extension 1117*



Canadian Gateway to the 1000 Islands

**The Corporation of the Town of Gananoque**  
30 King Street East, PO Box 100, Gananoque, ON K7G 2T6  
www.gananoque.ca  
Telephone: (613) 382-2149 Facsimile: (613) 382-8587

**QUARTERLY PRE-AUTHORIZED UTILITY PAYMENT  
APPLICATION FORM**

**PLEASE PRINT**

To enroll in The Corporation of the Town of Gananoque's Pre-Authorized Utility Payment Program, please complete the form below and return to Town Hall reception.

**NOTE: ALL ARREARS MUST BE PAID IN FULL PRIOR TO IMPLEMENTATION**

<b>Customer Name:</b> _____ <b>Account Number:</b> _____
<b>Mailing Address:</b> _____
<b>Phone #:</b> _____ <b>Cell #:</b> _____
<b>Email:</b> _____
<b>Property or Service Address: (if different than above)</b> _____
<b><u>***PLEASE ATTACH A VOID CHEQUE OR A PRINT OUT FROM YOUR BANK***</u></b>

**TERMS AND CONDITIONS:**

I (we) authorize the Corporation of the Town of Gananoque to debit my/our account as indicated on the attached void cheque under the terms and conditions agreed to by me with The Corporation of the Town of Gananoque, until such time as a written notice to the contrary is given. I agree that delivery of this authorization to The Corporation of the Town of Gananoque constitutes delivery by me to the Financial Institution. I will notify The Corporation of the Town of Gananoque in writing of any changes in the account information or termination of this authorization 10 business days prior to the next due date of the pre-authorized debit. I understand if I do not have sufficient funds to cover a payment the usual charge will be levied for a returned payment. I understand that two instances of insufficient funds will result in interest being imposed at the prevailing rate, as well as removal from the plan.

I (we) agree that a pre-authorized debit in the full amount of the invoice will be withdrawn from my account on the due date. I acknowledge that I have read and understand all the provisions in the terms and conditions of the Pre-Authorized Payment Enrollment Program and that I have received a copy.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Signature (if joint account)

\_\_\_\_\_  
Date