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## Pre-authorized Payment (PAP) Application Asphodel-Norwood Utility Account

Customer Name(s)	
Address	
Telephone Number	Email Address for E-Billing

I/We hereby authorize the Township of Asphodel-Norwood and the financial institution designated to begin deductions, on the billing due date, for bimonthly recurring payments and for payment of all charges arising under my/our Township of Asphodel-Norwood Utility account.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have this right to receive reimbursement for any pre-authorized debit that is not authorized or is not consistent with this pre-authorized debit agreement.

**Penalties:** An administrative fee of \$45.00 will be applied to your account for payments not cleared by your financial institution. If payment is not replaced or payment is not cleared two (2) times, you will be removed from the pre-authorized payment program. In addition, a penalty of 1.25% will be applied to accounts over 30 days in arrears. Your account must be in current standing for one year in order to re-enroll in the program.

A personal void cheque has been attached to this application. I/We acknowledge that cancellation of this plan must be given in writing by myself/ourselves or agent acting on my/our behalf, 10 business days prior to the next scheduled debit.

Authorized Signature(s)	Date

### Office Use Only

Utility Account Number	Notes
Employee Signature	Date Applied