



Lakefront Utility Services Inc. Pre-authorized Payment Application

Please mail to: 207 Division St., P.O. Box 577, Cobourg, ON. K9A 4L3

Name on Bill: _____ Account #: _____ -- _____	
<u>Service Address:</u> Address: _____ City: _____ Province: _____ Postal Code: _____	<u>Mailing Address:</u> Address: _____ City: _____ Province: _____ Postal Code: _____
Home Phone: (_____) _____ Work Phone number: (_____) _____	

Terms and Conditions

I (we) authorize Lakefront Utility Services Inc. to debit my (our) account as indicated on the attached 'void' cheque under the terms and conditions agreed to by me (us) with Lakefront Utility Services Inc. until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to Lakefront Utility Services Inc. constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does not terminate the contract for goods or services exchanged.

I (we) are responsible to ensure sufficient funds are available to cover the pre-authorized amount. "Non-sufficient funds" (NSF) may result in Lakefront Utility Services Inc. terminating this authorization.

I (we) will notify Lakefront Utility Services Inc. in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

I (we) authorized **Lakefront Utility Services Inc.** to process a debit in paper, electronic or other form. I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization.

_____	_____	_____
Customer name (print)	Signature	Date
_____	_____	_____
Customer name (print)	Signature	Date

(Office use only)

Pre-Authorized amount \$ _____ (enter in budget amount or A/R for full bill amount)

Pre-Authorized date _____ **of each month**

Start date _____

Lakefront Utility Services Inc. uses the information we collect on this form to facilitate pre-authorized payment for services. We are committed to protecting the privacy of your personal information and we have developed policies and procedures in compliance with the *Personal Information Protection and Electronic Documents Act*.