



**PRE-
AUTHORIZED
CHEQUING**

**CHATHAM-KENT UTILITY
SERVICES INC.**

320 QUEEN ST. PO BOX 70

CHATHAM, ON N7M 5K2

(519) 352-6300

FAX: (519) 351-4059

E-MAIL: ckenergy@ckenergy.com

www.ckenergy.com

MON. - FRI. 8:30 am - 4:30 pm

FULL PAYMENT BY DUE DATE

With your authorization, the total amount of your Electric and/or Water bill will be automatically withdrawn from your chequing account on the due date. You will continue to receive your same regular bill indicating PAC - Do Not Pay.

MONTHLY BUDGET:

This plan will average your payments over twelve months. We review last year's hydro and water usage and estimate next year's hydro and water costs. This amount is reviewed annually. With your authorization, payments will be withdrawn automatically from your chequing account on either the 1st, 15th or 20th of each month.

You may choose either of these plans by completing the attached application form and including a blank VOID cheque.

Please return the application form to our office or any Municipal Service Centre.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursements for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

This authority is to remain in effect until CKUS has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

PRE-AUTHORIZED CHEQUING PLAN AUTHORIZATION AND APPLICATION FORM

I authorize Chatham-Kent Utility Services Inc. and the Financial Institution designated to begin deductions for my pre-authorized payment. (Please attach voided cheque)

DATE: _____ TYPE OF SERVICE: PERSONAL BUSINESS

ACCOUNT #: _____ TYPE OF PLAN: _____ DUE DATE: _____

NAME: _____ Due date is assigned by cycle billing

ADDRESS: _____ MONTHLY BUDGET: _____

PHONE NUMBER: HOME _____ If Monthly, please choose payment date

BUSINESS _____ 1st 15th 20th

SIGNATURE _____