

Please Return to:  
**Longlac Office**  
Municipality of Greenstone  
105 Hamel St P.O Box 640  
Longlac, ON P0T 2A0



For more information:  
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**CUSTOMER AGREEMENT & AUTHORIZATION FORM**  
**PRE-AUTHORIZED DEBIT (PAD) PLAN FOR MUNICIPALITY OF GREENSTONE**  
**ACCOUNTS RECEIVABLE MUST BE UP-TO-DATE TO BE ELIGIBLE FOR A**  
**MONTHLY PAYMENT PLAN**

**MONTHLY BUDGET PLAN**  
**Twelve (12) Payments**  
**January - December**  
**Last banking day of the month**

**REQUESTED PLAN START DATE**

\_\_\_\_ | \_\_\_\_  
Month | Year

**STEP TWO - ACCOUNTS RECEIVABLE INFORMATION: (PLEASE PRINT)**

**Account Number:** \_\_\_\_\_

**Municipal Address of Property:** \_\_\_\_\_

**Account Holder Name(s):** \_\_\_\_\_

**This application is made on behalf of:**  **A Person**  **A Business**

**Account Holder's Mailing Address:** \_\_\_\_\_

(City)

(Province)

(Postal Code)

**Account Holder Email Address:** \_\_\_\_\_

**Account Holder Telephone Number:** ( \_ \_ \_ ) - \_ \_ - \_ \_ \_ \_

**STEP THREE - PLEASE ATTACH A VOID CHEQUE OR BANK LETTER CLEARLY INDICATING THE INFORMATION BELOW**

102 80246 003 002006:082  
← ↓ →  
**Branch Transit # (5 digits)**      **Financial Institution # (3 digits)**      **Bank Account #**

I/We authorize the Municipality of Greenstone, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments for payment of all charges arising under my/our Municipality of Greenstone Accounts Receivable account(s). Regular monthly payments will be debited on the last business day of each month. This authorization remains in effect until the Municipality of Greenstone's Accounts Receivable Department has received written notification from me/us of its change or termination. This notification must be received in writing at least 10 days prior to the next scheduled debit. I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to reimbursement for any PAD that is not authorized or is inconsistent with this PAD agreement. To obtain further information I/we may contact my/our financial institution or visit [payments.ca](http://payments.ca).

**STEP FOUR: If multiple signatures are required to issue a cheque or authorize a debit on the bank account being used for the PAD plan, please ensure they all sign below. The Debit Account provided must be in the Account Holder's name or in the applicants name listed on the PAD agreement.**

**Authorized Signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Personal information is being collected and will be used to administer the pre-authorized debit (PAD) plan for the Accounts Receivable payments program. Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. If you have questions about the collection, use or disclosure of this personal information please call 807-876-2316 or email [nicole.des@greenstone.ca](mailto:nicole.des@greenstone.ca)