



## FINANCIAL SERVICES DEPARTMENT

### UTILITY ACCOUNT PRE-AUTHORIZED PAYMENT PLAN CUSTOMER AUTHORIZATION AGREEMENT

**FOR INQUIRIES AND TO MAKE PAYMENT ARRANGEMENTS PLEASE CONTACT:  
DAWN Telephone: 519-235-0310 EXT. 233 Facsimile: 519-235-3304**

**MAILING ADDRESS:**

**322 Main Street South P.O. Box 759 Exeter, Ontario N0M 1S6**

Name: \_\_\_\_\_ Utility Account No. \_\_\_\_\_

Property Civic Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

I hereby authorize the Municipality of South Huron to debit my bank account by the amount of my Utility account. (please check box)

I hereby authorize the Municipality of South Huron to debit my bank account monthly by the total amount of: (To be discussed with the Utility Clerk)

**PLEASE ATTACH A VOID CHEQUE  
OR A PRE-AUTHORIZED PAYMENT  
FORM FROM YOUR BANK.**

For joint accounts, all depositors must sign this form, if more than one signature is required on cheques issued against that account.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_