



Phone: 403-381-8473
 Fax: 403-308-0707
 Website: www.colrwa.ca
 Email: office@colrwa.ca

Pre-Authorized Debiting Agreement

DATE: _____

I/We authorize the County of Lethbridge Rural Water Association Ltd., and The Toronto Dominion Bank to begin deductions for payments due by me/us to the County of Lethbridge Rural Water Association for the monthly water fee described below in accordance with the rules of the Canadian Payments Association. The full amount of the water fee will be debited from my/our specified account on the 25th day of each month. This authority is to remain in effect until the County of Lethbridge Rural Water Association 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 above.

MEMBER INFORMATION

Proper Name(s) of Member(s): _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email Address: _____ Phone: _____

Legal Land Description: _____

Signature(s): _____

Number of Curb Stops: _____ @ \$27.00	\$	_____
Number of Units: _____ @ \$53.00	\$	_____
TOTAL AUTHORIZED DEBIT PER MONTH:	\$	_____

A VOID CHEQUE IS ENCLOSED/ATTACHED TO PROVIDE THE INFORMATION FOR THE PROCESSING OF THE DEBIT
 (IF A VOID CHEQUE CANNOT BE PROVIDED, PLEASE FILL OUT AND SEND YOUR BANKS PRE-AUTHORIZE FORM COMPLETED)