



**Rideau St. Lawrence Distribution**  
 985 Industrial Road, Box 699  
 Prescott, Ontario K0E 1T0  
 Telephone: 613-925-3851  
 Email: rslu@rslu.ca

# Pre-Authorized Payment or Budget Plan

Pay your bill the convenient way and enjoy these benefits:

- save postage & cheque writing costs
- eliminate late payment charges
- cancel at any time per agreement
- save time, no trip required to pay your bill
- worry free payment whether on vacation, ill, or on business
- avoid lining up to make payments

## REMEMBER — 3 SIMPLE STEPS!

- 1) You provide us with your authorization - Complete and sign the enrollment authorization below, and return it to us with a personal cheque marked "void".
- 2) We will notify you at least 20 days in advance of the payment date, by sending you your regular bill.
- 3) We arrange to have the amount owing withdrawn from your bank account on the DUE DATE.

## Pre-Authorized Payment or Budget Authorization

NAME (S) \_\_\_\_\_

UTILITY ACCT. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

(MAILING) \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION:

NAME \_\_\_\_\_

TRANSIT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

BANK NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ PROV. \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_

I (WE) AUTHORIZE RIDEAU ST. LAWRENCE UTILITIES INC. TO PROCESS A DEBIT, IN PAPER, ELECTRONIC OR OTHER FORM FOR THE FOLLOWING OPTION:

OPTION 1 ( )

OPTION 2 ( ) (not available for Commercial customers)

**PRE-AUTHORIZED CHEQUE** for the actual amount of our bill. Rideau St. Lawrence Utilities Inc. will to the best of their abilities forward a statement of account in support of the debit to me (us) at least 10 days in advance of the payment date as pre-notification.

Budget of \$ \_\_\_\_\_ for eleven months beginning in Sept.

### Terms and Conditions

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

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

I (we) acknowledge that delivery of my (our) authorization to the payee 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/may not terminate the contract for goods or services exchanged.

- a) I, (we), never provided authorization to the payee.
- b) The pre-authorized debit was not drawn in accordance with my (our) authorization.
- c) My (our) authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I (we) will notify the Payee 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_