



P.O. Box 8388 RPO CSC
Halifax, Nova Scotia B3K 5M1
Phone: 902-420-9287 Facsimile: 902-490-4749
Email: customer-care@Halifaxwater.ca

Please read the following information before completing the pre-authorized debit application. The following three requirements must be met to be eligible for the Pre-Authorized Debit Plan.

- 1. Your current water bill must be paid in full.**
- 2. Please provide a void cheque or a bank issued direct deposit form with your application.**
- 3. The form must be signed for us to approve the application.**

Information Regarding the Plan

- To change your banking information, please provide a new void cheque or a bank issued direct deposit form at least 10 business days prior to your next pre-authorized debit.
- If you wish to switch from one pre-authorized debit plan to another, please advise our office in writing or by fax. Please note, customers can switch only once per calendar year.
- It is important to note that if the money is not in your account on the day the bill is due to be paid, there will be a 'Non-Sufficient Fund (NSF)' charge from Halifax Water. If this happens more than twice in one year, your account will no longer be eligible for the pre-authorized debit plan.
- If the pre-authorized debit plan is cancelled for any reason, you would not be eligible to reapply for the plan for a 12-month period.



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Pre-Authorized Debit Application

Please complete this form, attach a void cheque or a bank issued direct deposit form, and return it to us by mail, e-mail, fax, or at our office. If returning the form by email, please print first to include signature, then scan to send. Signed and scanned cheque copies are acceptable.

1. Customer Information (Please Print Clearly)

Name: _____

Halifax Water Account Number (from water bill): _____

Property Location: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number (daytime): _____

Email Address: _____

Type of Service (please check one) Residential Use Business Use

2. Pre-Authorized Debit Details

Please choose **only one** of the following two types of plans that best suits your needs:

Regular – Available to both monthly and quarterly billed customers.

You will receive your bill in the normal manner as you do now so you will know the amount of your bill before it is withdrawn from your bank account on the due date. The bill will have “Total Amount – Do Not Pay!”; printed on the bottom of the bill.

Budget – Only available to quarterly billed customers.

A fixed amount is withdrawn each month. The amount is based on your estimated annual usage and will be withdrawn each month on a selected date convenient to you. This method has the effect of spreading your costs more evenly over the year. You will receive a monthly bill that will reflect your budget amount and the budget payment(s) made. In the event that the fixed amount changes, we will send you a written notice identifying the new amount at least 10 days before the next pre-authorized debit amount. The minimum monthly payment under this plan is \$20.00.

For budget billing customers only, please enter the date you would like to have your monthly budget amount taken from your bank account. (from 1st to 28th)

Selected date: _____ (example: 15)

3. Bank Account Information

Please attach a void cheque or a bank issued direct deposit form.

Deposit Account Number _____ Bank Transit Number _____

Chequing Account

Savings Account

Financial Institution: Name: _____

Branch Address: _____

You, the Payor, authorize Halifax Water to debit the bank account identified above. Your signature below authorizes us to start pre-authorized debit and it will continue until you or Halifax Water advises the other to stop the plan.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____

Name: _____

(Please print)

(Please print)

Date: _____

Date: _____

Confirm Halifax Water Account Number (from water bill): _____ or

Property location _____

You, the Payor, have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Cancellation of Agreement

Once you begin the pre-authorized debit program, it will automatically continue unless you contact Halifax Water with a request for cancellation. Your agreement may be cancelled provided notice is received within **30 days before the next scheduled pre-authorized debit.**

For more information, or if you have any questions, call Customer Care at 420-9287, 8:00 a.m. to 6:00 p.m., Monday to Friday or e-mail us at customercare@halifaxwater.ca.