



Auto-Pay for Water and Sewer Billing | Yes, please sign me up for automatic payment!

Name: _____ Phone#: _____

Mailing Address: _____

Bank information

Account information for the financial institution where payments will be withdrawn. Void cheque required.

Transit Number ____-____-____ Financial Institution ____-____ Account # _____

Water & Sewer Account information (found on your invoice)

List up to three accounts.

Account# _____ Customer ID: _____ Property Location _____

Account# _____ Customer ID: _____ Property Location _____

Account# _____ Customer ID: _____ Property Location _____

I authorize the Town of Riverview to withdraw the total amount due directly from the bank account noted above on the due date.

Signature: _____ **Date:** _____

Terms and Conditions:

1. You may cancel this payment option by contacting the Town of Riverview at 387-2020. Please allow 5 business days before next scheduled payment date.
2. The Town of Riverview may cancel this payment option at any time and will confirm the cancellation in writing.
3. Advise the Town of Riverview of changes to the above information at least 5 business days prior to payment date.
4. Invoices will continue to be provided.
5. I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this agreement. To obtain a form for a Reimbursement Claim or more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

The personal information collected on this form will be used for the sole purpose of establishing a pre-authorized payment account and for no other purpose. If you have any questions concerning the Town of Riverview's privacy policies, please do not hesitate to contact the Town Clerk at 387-2136 or by email to clerk@townofriverview.ca. This form is confidential when complete.

Please attach a copy of a VOID cheque and send both items to:

Email: billing@townofriverview.ca (a scanned copy of application and a void cheque is acceptable)

Mail: Town of Riverview, 30 Honour House Court, Riverview NB E1B 3Y9