

Please Return to:
Ontario Court of Justice
Provincial Offences
City of Guelph
59 Carden St.
Guelph, ON N1H 2Z9



For more information:
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guelph.ca/court

CUSTOMER AGREEMENT & AUTHORIZATION FORM

****PRE-AUTHORIZED PAYMENT (PAP) PLAN FOR CITY OF GUELPH PROVINCIAL OFFENCES COURT ****

STEP ONE - PLEASE SELECT A PLAN:

MONTHLY PAYMENT PLAN
1ST OF THE MONTH

MONTHLY PAYMENT PLAN
20TH OF THE MONTH

REQUESTED PLAN START DATE

PAYMENT AMOUNT:

____ | ____
Month Year

\$ _____

STEP TWO - CUSTOMER INFORMATION: (PLEASE PRINT)

NAME: _____

ADDRESS: _____

INDIVIDUAL

BUSINESS

EMAIL ADDRESS: _____

PHONE NUMBER: _____

CAMS # (INTERNAL USE ONLY): _____

STEP THREE - FINANCIAL INSTITUTION INFORMATION: Enclosed with this application is a void cheque or direct deposit form clearly indicating the bank transit (5 digits), financial institution (3 digits), and bank account number.



Branch Transit (5 digits) _____ Financial Institution (3 digits) _____ Bank Account Number _____

I/We authorize the City of Guelph, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments on the 1st or 20th of each month, or one-time payments from time to time. If a payment falls on a statutory holiday or weekend, the payment will be processed on the next business day. This authorization remains in effect until the City of Guelph Court Services has received payment in full and/or as set out on the payment plan agreement form, or if written notice of change or cancellation is received. Change or cancellation notification must be received in writing at least ten (10) business days prior to the next scheduled debit. I/We have certain recourse rights if any debit does not comply with this agreement. Subscribers to the pre-authorized payment plan who have more than two returned payments in any 12-month period will become ineligible to continue the PAP plan and the scheduled payments will become due on the regular due dates.

Submission of this agreement with signature constitutes a waiver of the right to receive pre-notification of each PAP and confirms that you do not expect to receive advance notice of the amount and date of each PAP before the debit is processed. You agree by signature that the instructions you have given on the agreement and authorization form constitutes your notice of the amount and frequency of the debits to be processed on the noted account. To obtain further information I/we may contact my/our financial institution or visit cdnpay.ca

STEP FOUR: If multiple signatures are required to issue a cheque or authorize a debit on the bank account being used for the PAD plan, please ensure they all sign below.

Authorized Signature (s): _____ Date: _____

Authorized Signature (s): _____ Date: _____

Personal information is being collected and will be used to administer the pre-authorized payment (PAP) plan for provincial offences fine payments. Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. If you have questions about the collection, use or disclosure of this personal information please call 519.826.1260 extension 2349 or email privacy@guelph.ca