



**P.O. Box 8388 RPO CSC
450 Cowie Hill Road
Halifax, Nova Scotia B3K 5M1
Phone: (902) 490-4820 Facsimile: (902) 490-4749
Email: CustomerService@halifaxwater.ca**

Pre-Authorized Debit Plan – Budget Only

Acknowledgement Agreement – Debit Amount Change

**Please complete this 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.**

The undersigned, our customer of record for water service at _____, has requested a change to their enrollment in Halifax Water Pre-Authorized Debit Plan.

The customer of record has requested, and Halifax Water has agreed, to change the Pre-Authorized Payment to \$_____ effective _____.

Your signature authorizes us to change the Pre-Authorized Debit amount and this will continue until you or Halifax Water advises the other of any further changes.

DATED this _____ day of _____, 20 .

Signature of Account Holder

Name: _____
(Please Print)

Please be advised we require 30 days notice to make any changes to the Pre-Authorized Debit Plan