



Municipal Office



1 Waskasoo Ave P.O. Box 10 Penhold, AB T0M 1R0
Tel: 403-886-4567 Fax: 403-886-4039 www.townofpenhold.ca

Pre-Authorized Debit Agreement Monthly Utilities

1. Customer Information (Please print clearly)

Name: _____

Account #: _____ Monthly Utility Amt: _____

Civic Address: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone #: _____

2. Bank Account Information

Deposit Account Number: _____ Branch Transit #: _____ Financial Institution #: _____

Chequing Account Savings Account Personal Business ****PLEASE ATTACH A VOID CHEQUE *****

Financial Institution Name / Address: _____

3. Pre – Authorized Debit (PAD) Details

1. I/We hereby authorize the Town of Penhold and its Financial Institution to debit my account listed above; -for utility bill levies payable to the Town of Penhold in the amount shown on my/our bill and will be taken from my/our account on the due date scheduled as per bill.
2. This authorization may be cancelled at any time upon subject to providing written notice of 15 days by me/us, and all outstanding amounts become due and payable and subject to penalties. There is a cancellation form at town office or you get further information on cancelling the PAD at your financial institution or by visiting www.cdnpay.ca
3. Any payment returned N.S.F. may result in termination of the plan, and all outstanding amounts become due and payable and subject to penalties.
4. In the event of a sale of the above noted property, I/we will notify the town of Penhold in writing at least 15 days prior to the next due date, to arrange for cancellation, and fill in a Utility Preauthorized withdrawal form.
5. In the event I/we change my/our bank account I/we notify the Town of Penhold in writing and complete a Bank Account Information Update Form not less than 15 days prior to the next due date and provide a current cheque marked "VOID"
6. All persons whose signatures are required to sign on this bank account must sign this agreement below.
7. Nothing in this application/Preauthorized Debit Form shall be interpreted to relieve the owner/applicant from obligation to pay any utility charges, including penalties, owing to the Town of Penhold.
8. By copy of this Application/ PAD formt he applicant/owner acknowledges notification of and agrees to abide by the terms and conditions of PAD and the Electronic Funds Transfer Service provided by the Town of Penhold Financial Institution.
9. You 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 PAD Agreement to obtain more information on your recourse rights, you may contact you financial institution or visit www.cdnpay.ca

Signature of Account Holder

Signature of Joint account Holder

Name (Please Print)

Name (Please Print)

Date

Date

Honouring the Past ~ Challenging the Future