



UTILITY PAYMENTS

PRE-AUTHORIZED DEBIT (PAD) APPLICATION FORM

PAYOR/PAYEE INFORMATION

Account Holder(s) Name(s) and Address(es) (the "Payor")

UTILITY ACCOUNT NO _____

Personal PAD Business PAD

Owner Tenant NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

Payee Name and Address (the "Payee")

NAME **Town of Rocky Mountain House**

ADDRESS **Box 1509**

CITY **Rocky Mountain House** PROVINCE **Alberta** POSTAL CODE **T4T 1B2**

PHONE **403-845-2866** EMAIL utilities@rockymtnhouse.com

PAYMENT DETAILS Specimen cheque marked "VOID" attached
OR
 Account Verification Letter from Financial Institution attached

Payment Information

Variable monthly PAD payments will be debited from your account. The amount and date of each payment will be stated on your Utility Invoice.

Your first payment will be debited on _____.

Copy of PAD Application given to applicant Yes Applicant initials _____

FOIP Notification: The personal information you provide on this form is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* and is used solely for purposes relating to the administration of utility services. Questions about the collection or use of this information can be directed to the Town of Rocky Mountain House FOIP Coordinator at (403) 845-2866.



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AUTHORIZATION

I/We acknowledge this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process Pre-Authorised Debits (PAD) against the Account provided in accordance with the Rules of the Canadian Payments Association.

I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement.

TERMS AND CONDITIONS

1. The plan is continuous unless cancelled by written notification.
2. You may revoke your authorization at any time, subject to providing ten (10) business days written notice. You can do this by contacting the Utilities Clerk at the Town of Rocky Mountain House. You may obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement from your financial institution or by visiting www.payments.ca
3. Payment withdrawal dates and amounts will be stated on your Utility Invoice.
4. Any payments withdrawn from the account that are dishonoured by the Applicant's financial institution by reason of non-sufficient funds (NSF), stop payment, account closure, etc. will be subject to the Town of Rocky Mountain House NSF Fee. All outstanding amounts become due and payable and subject to penalties. In such circumstances the Town of Rocky Mountain House reserves the right to remove the Applicant from the Pre-Authorized Debit (PAD) plan.
5. In the event of a sale of the property, a change in banking information or any changes pertaining to information collected in this PAD application form it is your responsibility to immediately notify the utilities department to arrange cancellation of the PAD or to change your banking details.
6. It is the responsibility of the Applicant to monitor payments withdrawn from their bank account and to contact the Town in the event of a discrepancy.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Payor Signature

Date

Payor Signature

Date

Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.
