



PRE-AUTHORIZED DEBIT (PAD) PLAN Agreement



Customer Information

Name(s): _____

Mailing Address: _____ Province: _____ Postal Code: _____

Civic Address: _____

Phone #: _____

Bank Account Information:

**** Attach VOID Cheque or Direct Debit Request Form completed by your Banking Institution.**

Utilities Account #: _____

Regular monthly payments for full amount of services delivered will be debited to/from specified account on the **25th** day of each month or the first business day after. Town of Sundre will provide notice in the form of a monthly Utility Bill indicating the amount of the debit that will be drawn on the 25th of the month **Beginning** _____, 20____. ☐ Initials

Tax Installment Payment Plan (T.I.P.P) ROLL #: _____ **Monthly Tax payment (tax Levy divided by 12)** _____

Monthly tax installment payments as indicated above on the **20th** day of each month or first business day after, **Beginning** _____, 20____. ☐ Initials

T.I.P.P payments are non-refundable and are not transferable to other tax roll accounts.

T.I.P.P automatically continues from year to year until notification to cancel is received at the Town Office.

I/WE AUTHORIZE THE TOWN OF SUNDRE TO DIRECT DEBIT MY BANK ACCOUNT (ATTACHED). The Town of Sundre has received written notification from me/us of its change or termination. This notification must be received at the Town Office at least ten (10) days before the next debit is scheduled. It is understood that two (2) occurrences of dishonoured payments by me/us will result in cancellation of this PAD Agreement. Consumer PADs that are dishonoured by me/our financial institution are subject to a service charge and applicable penalties related to late payment will be levied by the Town. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdpay.ca.

I/We have certain recourse right 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 a form for a Reimbursement Claim or more information on my/our recourse right, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Authorized Signature(s) : _____ Date: _____

Please return form to Town of Sundre - P.O.Box 420, 717 Main Ave. West Sundre AB T0M 1X0

Telephone : 403 638-3551

E-mail: townmail@sundre.com

Office Use Only

Entered By: _____

Date Entered: _____

Identification Requirement for PRE-AUTHORIZED DEBIT APPLICANTS:

Upon receiving a paper PAD Agreement from our customer, the Town of Sundre will require verification of identity of the applicants in the form of two (2) pieces of identifying information as follows:

Driver’s License, Birth Certificate, Provincial Health Care Card, Credit Card or Bank Statement or in the case of a business customer, a business license.

Town staff will record the numbers off the I.D. on the back of the paper PAD Agreement and the PAD agreement will remain on file at the Town office for seven years (in compliance with our records maintenance practices).

To verify identity when accepting Electronic PAD Agreements the agreement must accompany copies of two (2) identifying pieces of information (listed above) and will be kept with the electronic PAD Agreement at the Town office.

The information on this form is collected under the authority of the Protection of Privacy Act (POPA), Section 4, and is used solely for purposes of administering the Town of Sundre Pre-authorized Debit account(s). If you have any questions about the use of your personal information provided on this form please contact the Town of Sundre POPA Coordinator (403) 638-3551 or email: townmail@sundre.com

FOR OFFICE USE ONLY		VERIFYING INTITALS _____
Driver’s License # _____	Credit Card # _____	
Health Care Card # _____	Birth Certificate # _____	
Other _____		