
Utility Pre-Authorized Debit (PAD) Authorization Form

Please Print

Date: _____

Name(s): _____ Utility Account : _____

Email Address: _____ Type of Service: Personal _____ Business _____

Service Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: Business: _____ Residential: _____

Financial Institution (FI): _____

Branch: _____ Transit: _____ Account Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s) _____

I/We authorize the Municipality of Centre Hastings, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for our bi-monthly water/sewer billings and/or one time payments from time to time, for payment of all charges arising under my/our Municipality of Centre Hastings Utility account. Regular bi-monthly payments for the full amount of services delivered will be debited to my/our specified account on the bill **due date**. The Municipality of Centre Hastings will provide 10 days written notice of the amount of each regular debit. The Municipality of Centre Hastings will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Municipality of Centre Hastings has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. 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.cdnpay.ca.

The Municipality of Centre Hastings may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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