PRE-AUTHORIZATION DEBITS (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements
Personal Pre-Authorized Debit (PAD) Agreement for Utility Payment

1. Customer Information (Please print clearly)

Utility Account Number									Civic Address:

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Transit Number: _____ (5 Digits) Institution Number: _____ (3 Digits) Account Number: _____

Financial Institution Name: _____

Address: _____

3. Pre-Authorized Debit (PAD) Details

I/we authorize the Town of McLennan to debit the bank account identified above monthly for payment of all charges arising under my/our Town of McLennan utility account. Regular monthly payments for the full amount of services delivered will be debited to my/our account on the last business day of each month. The Town of McLennan will provide a minimum of 10 days written notice of the amount of each regular debit. The Town of McLennan will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Town of McLennan has received written notification from me/us of its change or termination. This notification must be received at least (10) business days before the next debit is scheduled at the address provided below. 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.

I/we 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, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail or fax to: Town of McLennan
Box 356
McLennan, AB T0H 2L0
Phone: (780)324-3065 Fax: (780)324-2288
Email: twnmcl2@serbernet.com

Date _____ Authorized Signature _____

Date _____ Authorized Signature _____

The personal information contained on this form is collected under the authority of the Municipal Government Act, Section 340(1), and will be used for the purpose of property tax collection. If you have any questions please call the office.