



Town of Battleford
PO Box 40, Battleford, SK, S0M 0E0
Ph: 306-937-6200 Fx: 306-937-2450
Email: admin@battleford.ca

**PAYORS PRE-AUTHORIZED DEBIT (PAD) AGREEMENT
MONTHLY WATER PAYMENT PLAN (W.L.P.P.S.)**

1) CUSTOMER INFORMATION (Please Print Clearly)

Name: _____

Mailing Address: _____

Civic Address: _____

Telephone No: _____ Account No: _____

2) BANK ACCOUNT INFORMATION

Account No: _____ Branch Transit No: _____

Financial Institution No: _____ Chequing Account Savings Account

Financial Institution Name: _____

Branch Address: _____

3) PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the payor, authorize the Town of Battleford to debit the bank account identified above in the amount of \$ _____, on the 2nd day of each month beginning on _____, 20____
OR on the 16th day of each month beginning on _____, 20____. If your chosen day falls on a weekend, your payment will be taken the next business day.

These services are for (check one) Personal Business

You, the payor, may revoke your authorization at any time, subject to providing the Town of Battleford written notice within 10 days of the cancellation. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____

Signature of Joint Account Holder (If Applicable) _____

Name: _____

Name: _____

Date: _____

Date: _____

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, contact your financial institution or visit www.cdnpay.ca.

* Payments dishonored as NSF are subject to a \$15.00 service charge.

* After two (2) such dishonored payments, the plan will be cancelled by the Town of Battleford.

* The utility account must be current to qualify for this program.

*In the event of a change of residence, or a change in bank account, it is the responsibility of the property resident to immediately notify the Town Office. (937-6200)

PLEASE ENCLOSE A VOID CHEQUE WITH YOUR COMPLETED FORM



Town of Battleford
PO Box 40, Battleford, SK, S0M 0E0
Ph: 306-937-6200 Fx: 306-937-2450
Email: admin@battleford.ca

CONFIRMATION

A confirmation must be sent to each payor that enters into an electronic PAD agreement.

Payor Name: _____ Date: _____

Payor Mailing Address: _____

Payor Civic Address: _____ Account # _____

Re: Confirmation of Pre-Authorized Debt (PAD) sign-up

Thank-you for signing up for the pre-authorized debits from the Town of Battleford. We have accepted your PAD agreement and are writing to confirm the following details:

- 1) Name of the Account Holder: _____
- 2) Financial Institution (Name and Transit #): _____
- 3) Account Number: _____
- 4) Amount of Payment: _____ 5) Frequency of Payment: _____
- 6) Payment Start Date: _____
- 7) Type of Pre-Authorized Debit (Personal or Business): _____

8) Statement with regard to Pre-notification:

_____ IN THE EVENT THAT THE AMOUNT OF THIS PAD CHANGES, WE WILL SEND YOU A WRITTEN NOTICE IDENTIFYING THE NEW AMOUNT AT LEAST 10 DAYS BEFORE THE FIRST PAD FOR THAT AMOUNT, WITH THE EXCEPTION OF A REDUCTION IN THE AMOUNT DUE TO A CHANGE IN UTILITY RATE

OR

_____ YOU HAVE WAIVED YOUR RIGHT TO RECEIVE PRE-NOTIFICATION OF THE AMOUNT OF THE PAD AND AGREED THAT YOU DO NOT REQUIRE ADVANCE NOTICE OF THE AMOUNT OF PADS BEFORE THE DEBIT IS PROCESSED.

9) Cancellation:

Your payor's PAD Agreement may be cancelled provided written notice is received 10 days before the next scheduled PAD. If any of the above details are incorrect, please contact us immediately at 937-6200. If the details are correct, you do not need to do anything further and your pre-authorized debit will be processed and start on the payment start date indicated above.

10) Standard Recourse Statement:

You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD 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.

Payor Signature: _____ Joint Payor Signature: _____

Date: _____ Date: _____