



ELECTRONIC FUNDS TRANSFER (EFT) APPLICATION FORM

INSTRUCTIONS

The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.

PAYOR/PAYEE INFORMATION

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

ACCOUNT NO. _____

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

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

	PAYMENT TYPE <input type="checkbox"/> Business EFT	PAYEE ACCOUNT (THE Payee's account at the Processing Institution, the "Account")		
		INSTITUTION	BRANCH ID	Account No.
AMOUNT OF PAYMENT <input type="checkbox"/> Variable:	DATES <input type="checkbox"/> Monthly beginning _____ <input type="checkbox"/> Other (specify intervals, set dates, or specific act, event, or other criteria that triggers PAD) _____	PAYEE FINANCIAL INSTITUTION – NAME AND ADDRESS (the "Processing Institution")		

Payor Name and Address (the "Payor")

NAME Brazeau County

ADDRESS Box 77

CITY Drayton Valley **PROVINCE** Alberta **POSTAL CODE** T7A 1R1

PHONE 780-542-7777 **EMAIL** payables@brazeau.ab.ca

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payor" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process credits ("EFT's") to the Account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

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 Payor to be credited with the EFT 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.

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

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

Payee Signature Date

Payee Signature Date

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

TERMS AND CONDITIONS

1. The plan is continuous unless cancelled by written notification. Payor does not need to enrol each year.
2. Payments are deposited to the Applicant's bank account on the account due date.
3. It is the responsibility of the Payee to monitor payments deposited to their bank account and to contact the payor in the event of a discrepancy.

AUTHORIZATION

I have read and understand the terms and conditions of the Electronic Funds Transfer (EFT) as stated above. I acknowledge that the information provided on this form is complete and correct.

I authorize the Payor and its Financial Institutions to credit the referenced account beginning on the date noted above in the *Payment Start Date* until either party cancels this agreement.

This authorization may be cancelled at any time by the Payee or Brazeau County, and all outstanding amounts become due and payable and subject to penalties.

Signature of Applicant

Date

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 Brazeau County Accounts Payable Clerk at (780)542-7777.