PRE-AUTHORIZED DEBIT (PAD)
UTILITY ACCOUNT
BANKING CHANGE/CANCELLATION 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 "Payor")

UTILITY ACCOUNT NO. _____

NAME _____

ADDRESS _____

CITY _____ **PROVINCE** _____ **POSTAL CODE** _____

PHONE _____ **EMAIL** _____

Payee Name and Address (the "Payee")

NAME Brazeau County

ADDRESS Box 77

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

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

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

	PAYMENT TYPE ☐ Personal PAD ☐ Business PAD	**PAYOR ACCOUNT***(THE Payor's account at the Processing Institution, the "Account")* INSTITUTION | BRANCH ID | Account No.
AMOUNT OF PAYMENT ☐**Variable:** Maximum Amount **$500.00**	**DATES** ☐ Monthly beginning _____ ☐ Other *(specify intervals, set dates, or specific act, event, or other criteria that triggers PAD)* _____	**PAYOR FINANCIAL INSTITUTION – NAME AND ADDRESS***(the "Processing Institution")*

CANCEL PAYMENT 15 DAYS NOTICE IS REQUIRED **BEFORE** THE NEXT PAD WILL BE ISSUED.

The Payor hereby cancels this Payor's PAD Agreement effective: _____
DATE

_____
Payor Signature Date

_____
Payor Signature Date

The personal information being collected on this Pre-Authorized Withdrawl Change/Cancellation form will be used for the purpose of the Utility Pre-Authorized Withdrawls. This collection is authorized by Section 4(c) of the *Protection of Privacy Act (POPA*). If you have any questions about the collection of this information, please contact Brazeau County's Access & Privacy Information Officer at 780-542-7777 or by email at awatt@brazeau.ab.ca.