PRE-AUTHORIZED DEBIT (PAD)
UTILITY ACCOUNT
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 "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")*		

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing institution 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 accountof the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the properapplication of Rule H1 of the Rules of the Canadian Payments Association.

By signing this Authorization, the Payor 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 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 TIPP 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

WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable rate, top-up, or adjustment.

_____

Payor Signature Date

TERMS AND CONDITIONS

1. Utility accounts must be current prior to the initiation of the Pre-Authorized Debit Plan.
2. The plan is continuous unless cancelled by written notification and completion of the PAD Cancellation Form. Notice of cancellation must be received no later than 15 days prior to the next withdrawal date. Applicants do not need to enrol each year.
3. Payments are withdrawn from the Applicant's bank account on the last business day of the month.
4. Any payments withdrawn from the account that are dishonoured by the Applicant's financial institution by reason of non-sufficient funds, stop payment, account closure, etc., will entitle the County to remove the Applicant from the Pre-Authorized Debit Plan without prior notice. Utility accounts will also be subject to the Brazeau County NSF Fee. All outstanding amounts become due and payable and subject to penalties.
5. In the event of a sale of the above property, a resident change, or a change in banking information, it is your responsibility to immediately notify the utility department to arrange cancellation of the plan or to change your banking details.
6. It is the responsibility of the Applicant to monitor payments withdrawn from their bank account and to contact the County in the event of a discrepancy.
7. Once a property owner has been removed from PAD for any reason, Brazeau Countywill not reinstate the same property owner on PAD for 12 months.

AUTHORIZATION

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

I/We have read and understand the terms and conditions of the Pre-Authorized Debit (PAD) as stated above. I/We acknowledge that the information provided on this form is complete and correct.

I/We authorize Brazeau County and its Financial Institutions to debit 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 as per the Terms & Conditions stated in item 2 by the Applicant or Brazeau County, and all outstanding amounts become due and payable and subject to penalties.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Applicant Date

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

The personal information being collected on this Pre-Authorized Withdrawl application 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