



PRE-AUTHORIZED DEBIT AGREEMENT

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/We authorize the Town of Calmar, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly, bi-monthly, bi-weekly regular recurring payments and/or one-time payment from time to time, for payment of all charges arising under my/our Town of Calmar Tax and/or Utility Account(s). Regular monthly/bi-monthly/bi-weekly payments for the full amount of services delivered will be debited to my/our specified account on the date specified below. The Payor agrees to waive the 10 day pre-notification of payment as the amounts to be withdrawn may be for variable amounts. The Town of Calmar will obtain my/our authorization for any other one-time specific or sporadic debits.

This authority is to remain in effect until the Town of Calmar has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We acknowledge that a \$25.00 fee shall be levied for PAD payments returned NSF/Account Closed. I/We may obtain a sample cancellation form, or more information or my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Town of Calmar may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD 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.

PLEASE PRINT

DATE: _____

Name(s): _____ Tax Roll # _____ Utility Account # _____
Type of Service: Personal _____ Business _____
Address: _____
Town: _____ Phone Number (Bus.) _____
Province: _____ Phone Number (Res.) _____
Postal code: _____

Financial Institution (FI): _____ Address: _____
FI Account : _____ City/Town: _____
FI Transit Number: _____ - _____ Province: _____ Postal Code: _____
(branch – 5 digits: FI – 3 digits)

Payment Date: _____ Payment Frequency: _____
Payment Amount: Fixed _____ Variable _____
Other Payment details: _____

Authorized Signature(s): _____

Town of Calmar
Box 750
4901 – 50 Avenue
Calmar, AB T0C 0V0

Property Taxation
Attn: Heather Bryans
Tel: 780-985-3604 ext 232
Email: hbryans@calmar.ca

Utility Department
Attn: Darlene Parchoma
Tel: 780-985-3604 ext 222
Email: dparchoma@calmar.ca