



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 The Payor agrees to waive the 10 day pre-notification of payment as the amounts to be withdrawn may be for variable amounts.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 \$35.00 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 \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

Town of Calmar Property Taxation Utility Department
Box 750 Attn: Heather Bryans Attn: Darlene Parchoma
4901 - 50 Avenue Tel: 780-985-3604 ext 232 Tel: 780-985-3604 ext 222
Calmar, AB T0C 0V0 Email: hbryans@calmar.ca Email: dparchoma@calmar.ca

This information is being collected in accordance with section 3 of the Municipal Government Act and section 33 (c) of FOIP to maintain customer contacts for the Town of Calmar. To protect your privacy this information will not be shared, traded or sold or used for any purpose other than that described above and is protected by the Freedom of Information and Protection of Privacy Act.

Town of Calmar FOIP Coordinator can be reached at
kkrawchuk@calmar.ca or
By Phone 780-985-3604 Ext 229