



Town of Grimshaw PREAUTHORIZED PAYMENT PLAN – UTILITIES

To join the Preauthorized Payment Plan

- Complete and sign the Application Form.
- Attach a blank personalized cheque marked VOID or bank authorization form.
- Ensure your current utility bill is paid in full at the time you enroll.

How does it work?

- Once enrolled, you will continue to receive an invoice every month.
- Your invoice will show the amount that will be deducted from your bank account.
- Your paid invoice will show up on your next invoice.

When is the payment withdrawn from my account?

- Watch for a credit on your invoice to indicate you are on the plan.
- The withdrawal amount will be shown on your invoice.
- Your payment will be withdrawn on the 20th of the month or the following Monday. **Please note: Sufficient funds must be available when payment is due, to avoid an NSF charge of \$30.00 Also, if you NSF just once, you will be removed from this plan.**

What if your bank accounts changes?

- Simply contact us at least 10 business day prior to the 20th and include a new personalized cheque marked VOID or bank authorization form and we'll do the rest.

Wait? Have you:

- Included a voided, personalized cheque or bank authorization form?
- Included all signatures, if the bank requires multiple signatures?
- Completed your application forms?

The personal information on this form is collected in order to process your application for pre-authorized payments of your utility bill. It is collected under the authority of the *Municipal Government Act* and *The Freedom of Information and Protection of Privacy Act, Section 33(c)* and is protected under that Act. If you have any questions about the collection and use of this information, please call the Municipal Treasurer at (780) 332-4626.

1. Customer Information (please print clearly)

Customer's Name: _____ Service Address: _____
 Mailing Address: _____ Telephone: (H/B/C) _____
 Town of Grimshaw Utility Account Number: _____ Date: _____
 Authorized Signature(s): _____
 _____ and/or _____

2. Bank Account Information

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution Number

--	--	--

Branch Transit Number

--	--	--	--	--	--

Chequing Account _____ Savings Account _____

Financial Institution: Name _____
 Branch Address _____

3. Pre-Authorized Debit (PAD) Details

Date of Payment: 20th of each month. I/we authorize the Town of Grimshaw to debit the bank account identified above to withdraw the payments in the amount of my Utility bill as described above directly from my account until further notice.

These services are for (check one) personal _____ business use _____

You may revoke your authorization at any time, subject to providing notice of 10 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (please print)

Name (please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca