



1. Customer Information (please print clearly)

Tax Roll Number:					
Name on Account:					
Mailing Address:					
City:		Prov.		Postal Code:	
Telephone No.			Cell Phone No.		
Email Address:					

2. Bank Account Information – Chequing Account: or Savings Account:

Account Number										

Financial Institution Number		

Branch Transit Number				

Financial Institution:		Branch Location:	
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3. Pre-Authorized Debit (PAD) Details

Date of Payment: 1ST ____ OR 15TH ____ of each month.

I/We authorize the Town of Grimshaw to debit the bank account identified above to withdraw the payments of \$ _____ 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 5 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institute or visit www.cdnpay.ca

Signature of Account Holder 1

Signature of Joint Account Holder 2

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.