

Town of GrimshawPREAUTHORIZED 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When is the payment withdrawn from my account?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- Your payment will be withdrawn on the 20th of the month or the following Monday.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 cle	early)	
Customer's Name:	Service Address:	
Mailing Address:	Telephone: (H/B/C)	
Email Address:		
	Date:	
Authorized Signature(s):	and/or	
2. Bank Account Information Financial Institution:		
Chequing Account Savi Account Number	rings Account	
Financial Institution Number Brar	anch Transit Number	

	e authorize the Town of Grimshaw to debit the bank account identified above
to withdraw the payments in the amount on notice.	of my Utility bill as described above directly from my account until further
These services are for (check one) persona	business use
•	any time, subject to providing notice of 10 days. To obtain a sample on your right to cancel a PAD Agreement, contact your financial institution
Signature of Account Holder	Signature of Joint Account Holder (if appropriate)
Name (please print)	Name (please print)
Date	Date

Pre-Authorized Debit (PAD) Details

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