

Box 55, Kitscoty, Alberta, T0B 2P0
 Phone (780)-846-2244 Fax (780) 846-2716
 Please complete the Preauthorized Debit (PAD) agreement below.



GAS UTILITY PREAUTHORIZED PAYMENTS

I/we authorize County of Vermillion River 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 regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our County of Vermillion River Gas Utility account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. County of Vermillion River Gas Utility will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until County of Vermillion River has received written notification from me/us of its change or termination. This notification must be received at least fifteen (15) business days before the next debit is scheduled at the address provided below and all outstanding charges on termination become due and payable and subject to penalties. Any payment returned three times N.S.F. will result in termination on the plan and all outstanding utilities become due and payable and subject to penalties. An account that has been terminated due to N.S.F. payments, must wait six (6) months before applying to go on the plan again. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

County of Vermillion River 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 ATTACH A BLANK CHEQUE MARKED "VOID"

GAS ACCOUNT INFORMATION

ACCOUNT NUMBER:	ACCOUNT NAME:		
LEGAL DESCRIPTION:	LOT	BLOCK	PLAN
LANDOWNER NAME (if you are a renter):	MAILING ADDRESS - Street/Box:		
	City:		
	Prov:	Postal Code:	

FINANCIAL INSTITUTION INFORMATION (your payment will come from here)

NAME OF FINANCIAL INSTITUTION:	BRANCH ADDRESS - Street/Box:		
	City:		
	Province:	Postal Code:	
BRANCH (5 digits) & INSTITUTION NUMBER (3 digits):		ACCOUNT NUMBER:	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	

All persons whose signatures are required to sign on the bank account must sign the agreement below.

Signature

Signature

Date

Phone: Residence

Phone: Business