



County of Vermilion River Utility Payment Plan
 Box 69, Kitscoty, Alberta, T0B 2P0
 Phone (780)-846-2244 Fax (780) 846-2716

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize County of Vermilion 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 current utility billings. Regular monthly payments for the monthly amount calculated below will be debited to my/our specified account on the 15th day of each month. In the event that the 15th is a holiday, the debit will come out on the next working day. County of Vermilion River will provide 10 days written notice of any required adjustment to the amount of each regular debit. County of Vermilion River will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until County of Vermilion 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 utilities 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 Vermilion 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 SPECIMEN CHEQUE MARKED “VOID”

Utility Account Number

Property Address

Name and Mailing Address

Type of Service: Personal <u> X </u> Business <u> </u>

FINANCIAL INSTITUTION THAT PAYMENT IS TO COME FROM

Name of Financial Institution

Branch Address

City

Province

Postal Code

Number

Branch and Institution Number Account

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

Signature

Signature

Date

Phone Home

Phone Cell

Please Note: The current Utility account(s) must be current to be eligible for the plan.

Office Use Only

Date effective:

Monthly payment