



## TOWN OF SUNDRE – UTILITIES

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

### 1. Customer Information (Please print clearly)

Name (s): \_\_\_\_\_ Utility Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

### 2. Bank Account Information

**\*\* Attach VOID Cheque or Direct Debit Request Form completed by your Banking Institution**

Financial Institution (FI): \_\_\_\_\_

FI Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 3. PAD Agreement Details

I/we authorize the Town of Sundre and the financial institution designated (or any other financial institution I/we authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments for payment of all charges arising under my/our Town of Sundre account (s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the **25<sup>th</sup> day of each month or the first business day after**. Town of Sundre will provide notice in the form of a monthly Utility Bill indicating the amount of the debit that will be drawn on the 25<sup>th</sup> of the month beginning \_\_\_\_\_, 20 \_\_\_\_.

This authority is to remain in effect until the Town of Sundre has received written notification from me/us of its change or termination. This notification must be received at the Town office at least ten (10) days before the next debit is scheduled. It is understood that two (2) occurrences of dishonored payments by me/us will result in cancellation of this PAD Agreement. Consumer PADs that are dishonored by my/our financial institution are subject to a service charge and applicable penalties related to late payment will be levied by the Town. 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](http://www.cdnpay.ca).

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](http://www.cdnpay.ca)

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

TOWN OF SUNDRE - Utilities  
P.O. BOX 420, 717 MAIN AVE. WEST  
SUNDRE, AB, T0M 1X0

Telephone: 403-638-3551 Ext. 105 E-mail: [townmail@sundre.com](mailto:townmail@sundre.com)

**Identification Requirement for PRE-AUTHORIZED DEBIT APPLICANTS:**

Upon receiving a paper PAD Agreement from our customer, the Town of Sundre will require verification of identity of the applicants in the form of two (2) pieces of identifying information as follows:

Driver's License, Birth Certificate, Provincial Health Care Card, Credit Card or Bank Statement or in the case of a business customer, a business license.

Town staff will record the numbers off the I.D. on the back of the paper PAD Agreement and the PAD agreement will remain on file at the Town office for seven years (in compliance with our records maintenance practices).

To verify identity when accepting Electronic PAD Agreements the agreement must accompany copies of two (2) identifying pieces of information (listed above) and will be kept with the electronic PAD Agreement at the Town office.

**The information on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is used solely for purposes of administering the Town of Sundre Pre-authorized Debit accounts. If you have any questions about the use of your personal information provided on this form please contact the Town of Sundre at (403) 638-3551.**

**FOR OFFICE USE ONLY**

VERIFYING INITIALS \_\_\_\_\_

Driver's License # \_\_\_\_\_ Credit Card # \_\_\_\_\_

Health Care Card # \_\_\_\_\_ Birth Certificate # \_\_\_\_\_

Other \_\_\_\_\_