

Box 6600, Peace River, AB T8S 1S4

Phone 780-624-2574 Fax 780-624-4664 Email utilities@peaceriver.ca

Name	Utility Account Number			
Property Address				
Mailing Address				
(if different from above)				
Phone Number	Email Address			
Name of Financial Institution	Branch Address			
City	Province	Postal Code	Branch Phone Number	
 I/we hereby authorize the Town of for monthly utility ch 		ncial Institution to debit my acco garbage, recycling) payable to t		

- in the amount of the monthly utility invoice due as per the due date noted on the invoice
- and which amount may increase/decrease to reflect actual utility consumption charges processed by the Town of Peace River for the above account address.
- To a maximum debit amount of ______ dollars in any given month
- 2. I/we understand that in event that the total amount of the utility bill exceeds the maximum debit amount I/we indicated above, the Town of Peace River will only deduct the maximum amount and it will be my/our responsibility to ensure that the balance of the bill is paid by the due date. Any outstanding balances will be subject to penalty as per applicable Town of Peace River Bylaws.
- 3. A specimen cheque marked "VOID" or verification letter from my/our financial institution is attached to this authorization. If a savings account, the Branch / Institution / Account numbers have been verified with my/our financial institution.
- 4. This authorization may be cancelled at any time by providing written notice **10 days prior to the next due date** and all outstanding utility charges become due and payable and subject to penalties. 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
- 5. Any payment returned may result in termination from the plan, and all outstanding utilities become due and payable and subject to penalties. A service charge will be levied on all returned payments.
- 6. In the event of a sale of the above noted property or a change in bank accounts, I/we will notify the Town of Peace River, in writing at least 10 days prior to the next due date to arrange for cancellation, or to provide the new bank account information, including a cheque marked "VOID".
- 7. All persons whose signatures are required to sign on this bank account have signed their agreement below.
- 8. 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 https://www.payments.ca.

Signature	Signature	
Date	Phone	Phone – Alternate

Completed forms can be submitted, along with void cheque or bank verification letter, and a copy of identification, in person at the Town Office, by fax (780-624-4664), email (<u>utilities@peaceriver.ca</u>), or mail to Box 6600, Peace River, AB, T8S 1S4.

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Municipal Government Act. The information collected will be used solely for purposes related to the activation and processing of pre-authorized monthly charges. Questions regarding the collection of this information may be directed to the Finance Manager at 780-624-2574.