

DISTRICT OF 100 MILE HOUSE

Box 340 100 Mile House BC V0K 2E0

Ph: 250-395-2434 / Fx: 250-395-3625



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

CUSTOMER INFORMATION (Please Print)

Roll # : _____ Civic Address : _____

Name of Registered Owner (s) : _____

Mailing Address : _____

Phone # (Home) / (Cell) : _____ Phone # (Work) : _____

BANK ACCOUNT INFORMATION

Name of Financial Institution : _____

Branch Transit # : _____ Account # : _____

Branch Address : _____

I/We the undersigned authorize the District of 100 Mile House to debit the account identified above in the amount of \$ _____ on the 1st of every month or the next business day, for the period of August 2020 to May 2021.

These services are for (check one) : Personal Business

A void cheque must be attached for NEW applications.

PRE-AUTHORIZED DEBIT (PAD) DETAILS

I/We may revoke my/our authorization at any time, subject to providing written notice of at least fifteen (15) business days before the next debit is scheduled. To obtain a sample cancellation form or for more information on my/our right to cancel a PAD, I/we may contact my/our financial institution or visit www/cdnpay.ca.

I/We agree to give written notice to the Payee of any changes with respect to the account against which I/We have designated the PAD to be drawn. 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.

I/We the undersigned agree to the Terms and Conditions of the Tax Installment Prepayment Service as outlined in Bylaw #1057, 2007 and all amendments thereto. The registered owner(s) will be responsible for any outstanding balance and **must claim the N & R Home Owner Grant each year if eligible.**

For joint accounts all depositors must sign the application if more than 1 signature is required for account authorization.

Signature : _____ Date : _____

This agreement MUST BE completed every year.