

ENROLLMENT FOR PRE-AUTHORIZED DEBIT
PAD AGREEMENT PAYER



159 Main Street
Plaster Rock, NB
E7G2H2

This form is intended to provide banking information only for the purpose of authorized debit for monthly water and sewer services with the **District of Tobique Valley**.

Section 1 - Account holder(s) and contact details

Surname and First name of account holder(s)			Telephone Number
Address:	City	Province	Postal Code

Financial Institution:

Name:			
Address:	City	Province	Postal Code
Institution # (3 digits)	Transit # (5 digits)	Account Number (max. 12 digits)	

Section 2 - Withdraw Authorization

I, the undersigned (if it is a legal person, here represented by its duly authorized representative(s)), authorize the beneficiary organization to make pre-authorized debits (PAD) in my account at the financial institution designated above, **ON THE FIRST OF EVERY MONTH**.

Each withdrawal will correspond to:

to a fixed amount of \$40, which may be increased without further authorization from me provided that the beneficiary organization sends me a written notice at least 10 days before the payment due date

Waiver:

☐ I acknowledge receipt of a copy of this Agreement and waive any further confirmation prior to the first payment.

Change or cancellation:

- * I will inform the District of Tobique Valley, within a reasonable time, of any changes to these terms.
- * A Payor's PAD Agreement shall include cancellation information to the effect that the Payor may revoke their Authorization at any time, subject to providing notice (Payee shall set out the notice period which shall not exceed 30 days). A Payor's PAD Agreement shall also advise that the Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.payments.ca.
- * I release the financial institution from any responsibility if the revocation is not respected, unless it is a matter of gross negligence on its part.
- * I agree that the financial institution where I have my account is not required to verify that the payment is taken in accordance with my authorization. I further certify that all persons whose signatures are required for the operation of the account identified above have signed this authorization.

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I acknowledge that delivery of this authorization to the District of Tobique Valley is equivalent to delivery to the financial institution indicated above.

Section 3 - Reimbursement

I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or inconsistent with this PAD Agreement. To obtain more information on my recourse rights, I can contact my financial institution or visit <http://www.payments.ca>

The financial institution will reimburse me, on behalf of the charity, for amounts withdrawn in error within 10 business days of the withdrawal, provided the reimbursement is requested for an eligible reason.

I understand that I will have to make a request to this effect to my financial institution according to the procedure that it will provide me.

Finally, I acknowledge that a request for reimbursement filed after the deadlines indicated above must be settled between the organization and me, without liability or commitment on the part of the financial institution.

Section 4 - Consent to Release Information

I consent to the information contained in my application for pre-authorized debit being communicated to the financial institution, insofar as this communication of information is directly related and necessary for the proper implementation of the applicable rules in terms of pre-authorized debits.

Section 5 - Signature of Holder(s)

Signature of account holder

Date (dd/mm/yyyy)

Signature of second account holder
(if it is an account for which 2 signatures are required)

Date (dd/mm/yyyy)

Important:

Attach a check marked "VOID" to avoid transcription errors. If you change your accounts or financial institutions, please notify the District of Tobique Valley

OFFICE USE ONLY:

☐ Added Customer to PAD batch

Administration Signature

Date