



CLEAR HILLS COUNTY

**UTILITY PRE-AUTHORIZED DEBIT
(UPD) APPLICATION**

CONTACT INFORMATION OF UTILITY PAYER		
Name:	Address:	
City:	Province:	Postal Code:
Utility Account Number:		

FINANCIAL INSTITUTION OF UTILITY PAYER		
Name of Financial Institution:	Branch Address:	
City:	Province:	Postal Code:
Branch & Institution Number:	Account Number:	

Business **Personal**

TERMS & CONDITIONS:

1. I/We understand our account will automatically be debited on the 25th of the month.
2. The Method of Payment will be automatic withdrawal. I/We, as the signing officer(s) of the above noted account authorize Clear Hills County to debit my bank account covering payments due on the date specified above.
3. Should a **payment be returned** for any reason, the payment plus applicable service charges must be replaced within **10 business days** of being returned. If this occurs a **second time, the Agreement may be terminated** at the discretion of Clear Hills County. All outstanding balances will then become due and payable.
4. A **VOID cheque** for the above noted bank account must be attached to this authorization form.
5. For Eligibility, Clear Hills County must receive the Utility Pre-authorized Debit (UPD) application form no later than the last business day of the month. The UPD will automatically continue from month to month unless otherwise specified.
6. I/We have the right to cancel this Pre-authorized Debit (PAD) agreement at any time. I/We must notify the Utility Department in writing no less than 10 business days before the withdrawal date. I/We may obtain sample cancellation forms, or further information on my/our right to cancel the PAD agreement, at my/our financial institution or by visiting 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Date

Signature

Clear Hills County

Signature

