



TOWN OF RAYMOND ADMINISTRATION OFFICE

Box 629, Raymond, AB, T0K 2S0 Phone: 403.752.3322 Fax: 403.752.4379

Email: contact@raymond.ca

PRE-AUTHORIZED DEBIT AUTHORIZATION AGREEMENT

INSTRUCTIONS:

Please complete all sections (print clearly) to instruct your financial institution to make payments directly from your account. Return the completed form with a correctly encoded blank cheque marked "VOID" to the Town of Raymond.

APPLICANT(S):

ACCOUNT HOLDERS (PAYORS)

Surname: _____ First Name(s): _____

Mailing Address: _____

Street Address: _____

Phone Number: _____ Email Address: _____

FINANCIAL INSTITUTION TO BE DEBITED: (attach a correctly coded "VOID" cheque)

NAME OF FINANCIAL INSTITUTION: _____

			-					
--	--	--	---	--	--	--	--	--

Route

Transit

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

TYPE OF PAYMENT:

Type of Pre-Authorized Debits: Personal Business Fund

Tax Acct #: _____ Amount Withdrawn: _____

Utility Acct #: _____ Amount Withdrawn: _____

Varied Billing Amount Withdrawn: _____

PAYMENT START DATE: Month **15th**

PAYEE:

TOWN OF RAYMOND

Box 629

Raymond, AB. T0K 2S0

Phone: 403.752.3322 Fax: 403.752.4379 Email: contact@raymond.ca

If you are CANCELLING your EFT you MUST fill out the cancellation form.

If you are CHANGING your Pre-Authorized Debit, you must contact the Town Office before the 10th day of the desired month, so as to allow sufficient time to process your request.

TERMS AND CONDITIONS

1. I (We) as the Applicant(s) and Account Holder(s) hereby authorize the Town of Raymond, as Payee to debit my (our) account at the indicated branch of the Financial Institution, under Terms and Conditions agreed to by Me (Us) with Town of Raymond as Payee. The branch of the Financial Institution at which I (We) maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.
2. A debit in paper, electronic or other form in the amount of \$_____ may be drawn on My (Our) account on the **15** day of each **month** beginning _____, which amount may be increased/decreased at a future date as agreed to in writing by Me (Us.) The Town of Raymond as Payee, will to the best of their ability advise Me (Us) in writing of the revised amount in advance of its effective date.
3. This authorization may be canceled at any time by Me (Us). I (We) will notify the Town of Raymond as Payee in writing of any changes in the Financial Institution or account information or termination of this agreement by at least the 10th day of the month of the next due date of the pre-authorized debit. Revocation of this agreement does not in any way terminate any other obligation(s) between the Applicant(s) and the Town of Raymond. 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.cdnpay.ca.
4. If a pre-authorized debit is returned to the Town of Raymond marked NSF, more than 2 times, or marked account closed, the Town can cancel the pre-authorized withdrawal, and the applicant will be charged an NSF fee as determined by the Town of Raymond fee schedule.
5. Any and all notices required will be sent to the addresses provided herein.
6. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca
7. I (We) the Applicant(s) hereby acknowledge that I (We) have read and understand and agree to the Terms and Conditions as contained herein.
8. I (We) warrant that all persons whose signatures are required to sign on the account at My (Our) Financial Institution have signed this agreement below.
9. I (We) acknowledge that delivery of this authorization to the Town of Raymond, as Payee constitutes delivery by Me (Us) to the noted Financial Institution.

Date

Signature of Applicant

Date

Signature of Applicant

NOTE: FOR JOINT ACCOUNTS: If only one signature is required for the account, then only one Applicant need sign this form. However, if two or more signatures are required for the account, then both or all signatures are required on this form.