

PRE-AUTHORIZED DEBIT AUTHORIZATION AGREEMENT

INSTRUCTIONS:

APPLICANT(S):

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 marker "VOID" to the Town of Raymond.

ACCOUNT HOLDERS (PAYORS) Surname:	First Name(s):
Mailing Address:	
Street Address:	
Phone Number:	
FINANCIAL INSTITUTION TO BE NAME OF FINANCIAL INSTITUT	E DEBITED: (attach a correctly coded "VOID" cheque)
Route Transit TYPE OF PAYMENT:	Account Number
Tax Acct #: Amo	ount Withdrawn:
Utility Acct #: Amo	ount Withdrawn:
Vari	ied Billing Amount Withdrawn:
PAYMENT START DATE: Month	n 15 th

PAYEE:

TOWN OF RAYMOND Box 629

Raymond, AB. T0K 2S0

If you are moving or switching banks and you wish to \underline{CANCEL} your Pre-Authorized Withdrawal, you must contact the Town Office before the 10^{th} 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 no 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 10 th 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.	
4.	Any and all notices required will be sent to the addresses provided herein.	
5.	The Applicant(s) may apply in writing to the Financial Institution for reimbursement of the debit is disputed.	
	Items charged will be reimbursed by the Financial Institution, subject to notification by the Applicant(s) to the branch of account within 90 days of the transaction date subject to meeting any of the following conditions.	
	 I (We) never provided the authorization to the Payee. The pre-authorized debit was not drawn in accordance with this authorization. My (Our) authorization was revoked. The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee. 	
	I (We) understand that a written declaration to this effort must be given by Me (Us) to My (Our) Financial Institution.	
6.	I (We) the Applicant(s) hereby acknowledge that I (We) have read and understand and agree to the Terms and Conditions as contained herein.	
7.	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.	
8.	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.