



Town of Coaldale Utility Pre-Authorized Debit Agreement (PAD)

1. For payments under the Utility pre-authorized debit agreement, I /We authorize the Town of Coaldale and it's financial institutions to debit my/our account for monthly regular payments and/or one time payments from time to time for ;
 - For utilities payable to the Town of Coaldale, on the noted utility account number;
 - Regular monthly payments for the full amount of services delivered to be debited to our/my specified account on the last business day of each month;
 - The Town of Coaldale will provide 10 days written notice (i.e. Monthly Utility Statements) of the amount of each regular debit. The Town of Coaldale will obtain authorization for any other one-time or sporadic debits.
2. A specimen cheque for my/our account marked "VOID" is attached to this Agreement/Pre-authorized Debit form.
3. This authorized Debit may be cancelled upon written notice at least ten (10) business days before the next debit is scheduled. I/we may obtain a cancellation form, or get more information on my/our right to cancel a Pre-authorized debit agreement by visiting www.cdnpay.ca.
4. In the event I/we change or terminate my/our bank account I/we will notify the Town of Coaldale in writing and complete a new agreement form not less than 14 days prior to the next payment due date and provide a current cheque marked "VOID".
5. This authority is to remain in effect until the Town of Coaldale has written notification of its change or termination, with the exception of the Town of Coaldale receiving 3 NSF (non-sufficient funds) payments within a twelve (12) month period, in which case, the Pad agreement will be terminated without written notice.
6. I/we have certain rights if any debit does not comply with this agreement. To obtain a form for a Reimbursement Claim, contact your financial institution or visit www.cdnpay.ca.

Applicant Name: _____ NA# _____

Property Address: _____ Utility Account # _____

Mailing Address: _____

Phone #: _____ E-Mail: _____

Start Month: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

The Town of Coaldale
1920 17 Street Coaldale, AB T1M 1M1
Ph: 403-345-1300 Fax: 403-345-1311
utilityclerk@coaldale.ca
www.coaldale.ca

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Coaldale, 1920-17th Street, T1M 1M1 or 403-345-1300.