

PRE- AUTHORIZED DEBIT AGREEMENT

I/We authorize the Town of Calmar, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly, bi-monthly, or bi-weekly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Calmar Tax and/or Utility Account(s). Regular monthly/bi-monthly/bi-weekly payments for the full amount of services delivered will be debited to my/our specified account on the date specified below. The Payor agrees to waive the 10 day pre-notification of payment as the amounts to be withdrawn may be for variable amounts. The Town of Calmar will obtain my/our authorization for any other one-time specific or sporadic debits.

This authority is to remain in effect until the Town of Calmar has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We acknowledge that a \$35.00 fee shall be levied for PAD payments returned NSF/ Account Closed. I/We may obtain a sample cancellation form, or more information or my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Town of Calmar may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

Date: _____ Tax Roll: _____ Utility Account #: _____

Name(s): _____

Address: _____
Unit/ House Number Street Municipality Postal Code

Email Address: _____ Phone Number: _____

Financial Institution (FI): _____

Address: _____
Unit/ House Number Street Municipality Postal Code

Account #: _____ Transit #: _____ - _____
Branch 5 digits FI 3 digits

Payment Date: _____ Payment Frequency: _____

Payment Amount: Fixed Variable

Authorized Signatures: _____

This information is being collected in accordance with section 3 of the Municipal Government Act and section 33 (c) of FOIP to maintain customer contacts for the Town of Calmar. To protect your privacy this information will not be shared, traded or sold or used for any purpose other than that described above and is protected by the Freedom of Information and Protection of Privacy Act. Town of Calmar FOIP Coordinator can be reached at slosier@calmar.ca or by phone 780.985.3604 ext.229.



T 780.985.3604 F 780.985.3039
PO Box 750 Calmar, AB T0C 0V0
Calmar.ca

Property Taxation
Attn: Heather Bryans
T 780.985.3604 Ext 232 E HBryans@calmar.ca

Utility Department
Attn: Darlene Parchoma
T 780.985.3604 Ext 222 E DParchoma@calmar.ca