

Box 69, Kitscoty, Alberta, T0B 2P0  
 Phone (780)-846-2244 Fax (780) 846-2716  
 Please complete the Pre-Authorized Debit (PAD) Plan agreement below.



**UTILITY PAYMENT PLAN**

I/we authorize County of Vermilion River 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 regular recurring payments and/or one-time payments from time to time, for payment of current utility billings. Regular monthly payments for the monthly amount calculated below will be debited to my/our specified account on the 15<sup>th</sup> day of each month, In the event that the 15<sup>th</sup> is a holiday, the debit will come out on the next working day. County of Vermilion River will provide 10 days written notice of any required adjustment to the amount of each regular debit. County of Vermilion River will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until County of Vermilion River has received written notification from me/us of its change or termination. This notification must be received at least fifteen (15) business days before the next debit is scheduled at the address provided below and all outstanding utilities on termination become due and payable and subject to penalties. Any payment returned three times N.S.F. will result in termination on the plan and all outstanding utilities become due and payable and subject to penalties. An account that has been terminated due to N.S.F. payments, must wait six (6) months before applying to go on the plan again. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

County of Vermilion River 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](http://www.cdnpay.ca).

**PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"**

| PROPERTY INFORMATION       |  |                           |            |
|----------------------------|--|---------------------------|------------|
| UTILITY ACCOUNT NUMBER:    |  | CUSTOMER ID (office use): |            |
| PROPERTY or LEGAL ADDRESS: |  | LOT                       | BLOCK PLAN |
| CUSTOMER NAME:             |  |                           |            |

| FINANCIAL INSTITUTION INFORMATION (your payment will come from here) |                      |                              |                      |
|--|----------------------|------------------------------|----------------------|
| NAME OF FINANCIAL INSTITUTION:                                       |                      | BRANCH ADDRESS – Street/Box: |                      |
|  |                      | City:                        |                      |
|  |                      | Province:                    | Postal Code:         |
| BRANCH (5 digits) & INSTITUTION NUMBER (3 digits):                   |                      | ACCOUNT NUMBER:              |                      |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>         | <input type="text"/> |

All persons whose signatures are required to sign on the bank account have signed the agreement below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone: Residence

\_\_\_\_\_  
Phone: Business

**Please Note:** Your account must be current in order to be eligible for the payment plan.

DATE EFFECTIVE: \_\_\_\_\_

**BLACKFOOT & ISLAY  
BILLING**

**BIMONTHLY BILLING**

**MONTHLY PAYMENT**  
(Bimonthly/2) =