



## PRE-AUTHORIZED DEBIT AGREEMENT FOR UTILITY ACCOUNT PAYMENTS

**Never miss a discount date again! This Agreement may be used to authorize the automatic bank withdrawal (Pre-Authorized Debit or PAD) for amounts billed to you for utility user fees.**

1. I/We authorize the REGIONAL DISTRICT OF NANAIMO and my/our noted Canadian bank/financial institution to begin deductions as per my/our instructions for regular recurring payment of all charges arising under my/our utility account identified in section 10. Regular payments for the full amount of such utility services delivered will be debited to my/our specified account according to the predetermined discount dates for each year. For reference, the discount date for the May billing will be in early July, and the discount date for the September billing will be in early November.
2. The REGIONAL DISTRICT OF NANAIMO will provide or make available at least 10 days' notice of the payment amount of each regular debit.
3. I/We acknowledge that it is my/our sole responsibility to notify the REGIONAL DISTRICT OF NANAIMO of any changes to my/our bank/financial account, street mailing address or e-mail address.
4. This Agreement will remain in effect until changed or terminated. I/we may change or terminate this Agreement at any time if the REGIONAL DISTRICT OF NANAIMO has received written notice from me/us of its change or termination at least 10 business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting [www.payment.ca](http://www.payment.ca).
5. The REGIONAL DISTRICT OF NANAIMO may also terminate this Agreement at any time by written notice (including e-mail notice where applicable). Where the REGIONAL DISTRICT OF NANAIMO terminates this Agreement, it will provide or make available a written statement specifying the date of the final PAD and the effective termination date of this Agreement within 10 calendar days of the final PAD. Upon termination, notification of billed charges will be by regular mail. I/We will make payments for billed amounts directly to the REGIONAL DISTRICT OF NANAIMO using methods that may be in effect at that time.
6. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Agreement, or that any purpose for which the PAD was issued has been fulfilled by the REGIONAL DISTRICT OF NANAIMO, as a condition to honouring a PAD issued by the REGIONAL DISTRICT OF NANAIMO on my/our account.
7. 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).
8. I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the REGIONAL DISTRICT OF NANAIMO, outside the payment system.
9. I/We agree that the PAD information contained in this Agreement may be disclosed to any current banking institution used by the REGIONAL DISTRICT OF NANAIMO for the purposes of making these pre-authorized withdrawals.



**10. My/Our Utility Account Information:**

Service location address:			
Last Name	First Name	Account Number _ _ _ _ _	
Mailing Address			
City	Province/State	Postal Code/ZIP Code	Daytime Telephone Number

**11. These services are for (check one):** Personal  Business Use

**12. Complete this section to allow the pre-authorized debit of account payments (PAD):**

I/We warrant and represent that the following information is accurate:

Name of Canadian Banking/Financial Institution		
Street Address of Banking/Financial Institution		
City	Province	Postal Code
Bank Account Number		
_____	_____	_____
Institution No.	Transit No.	Account Number

**I/we have attached a cheque marked VOID or a direct debit form from my/our banking institution to this Agreement** or if I/we do not have a chequing account, my/our banking institution please completed the above-noted information.

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the Authorization below. I/We acknowledge that this constitutes delivery by me/us to the noted Canadian bank/financial institution.

**Please Note: I/we will continue to make payments in the normal manner until the following message appears on my/our bill: "Please do not pay. The amount will be withdrawn from your account on the discount due date."**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_