

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR PERSONAL/HOUSEHOLD PURPOSES

1. Customer Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number:(home) _____ (work) _____ (cell) _____

Municipality of Cumberland County Account #(s)

Water: _____

Tax: _____

2. Bank Account Information (Please attach void cheque)

Financial Institution: Name: _____

Branch Address: _____

Institution #: _____ Transit #: _____ Deposit Account # _____

3. Pre-Authorized Debit (PAD) Details

I, the undersigned, hereby authorize The Municipality of the County of Cumberland to debit the bank account you identified above for \$ _____ on (circle one) the 1st, the 15th, or the 1st and 15th of every month or the next business day **OR** the **full invoice amount on the due date of the invoice.**

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

Date: _____

The Customer acknowledges that, in order to revoke or cancel this PAD Agreement Authorization, the Customer must provide notice of revocation or cancellation to the Municipality of the County of Cumberland. This Authorization may be revoked or cancelled at any time provided written notice is received by the Municipality of the County of Cumberland at least 30 calendar days before the next scheduled PAD.

Be advised that any payments returned NSF or stopped without proper notification to the Municipality of the County of Cumberland are subject to an administrative fee.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca