

Peace Hills Utilities Pre-authorized Debit Application Form



Utility company information (the “Payee”)

Peace Hills Utilities Inc.
4705 50 Avenue
Wetaskiwin, Alberta T9A 0R8

Contact information
(p) 780.361.4453
(e) utilities@wetaskiwin.ca

Applicant information (the “Payor”)

Name: _____ Utility acct. no. _____
Address: _____
City: _____ Province: _____ Postal code: _____
Phone number: _____ Email: _____

Payment information

Payment classification Residential pre-auth debit Non-residential pre-auth debit

Name of financial institution: _____

Address of financial institution: _____

Payor account number (where payment to be withdrawn): _____

Pre-authorized payment start date: _____

Documentation attached VOID cheque Account verification letter

NOTE: *Payments are withdrawn on the last day of every month, matching the amount expensed for the former month's utility services. The amount withdrawn each month by pre-authorized debit will not exceed \$500.*

Authorization

I/We acknowledge that this authorization is provided for the benefit of the Payee and Financial Institution and is provided in consideration of the Financial Institution agreeing to process debits (PAD) against the Account with the Financial Institution in accordance with the Rules of the Canadian Payments Association (the “CPA Rules”).

I/We consent to the disclosure of any personal information that may be contained in this authorization to the Financial Institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.

By signing this authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2.

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 PAP 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 view Rule H1 on www.payments.ca.

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Authorization (continued)

I/we warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this Authorization.

Payor Signature: _____ Date: _____

Payor Signature*: _____ Date: _____

**If only one signature is required for the Account, only one Payor needs to sign. If two or more signatures are required on the Account then all Payors must sign.*

Waiver of pre-notification

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the pre-authorized debit due to a change in any applicable tax rate, top-up, or adjustment.

Payor Signature: _____ Date: _____

Payor Signature*: _____ Date: _____

**If only one signature is required for the Account, only one Payor needs to sign. If two or more signatures are required on the Account then all Payors must sign.*

Terms and conditions

1. Utility accounts must be current prior to the initiation of the Pre-Authorized Debit (PAD).
2. The plan is continuous unless cancelled by written notification and completion of the PAD Cancellation Form. Notice of cancellation must be received no later than 15 days prior to the next withdrawal date. Applicants do not need to enrol each year.
3. Payments are withdrawn from the Applicant's bank account on the due date as indicated on the Applicant's monthly utility bill.
4. Any payments withdrawn from the account that are dishonoured by the Applicant's financial institution by reason of non-sufficient funds (NSF), stop payment, account close, etc. will entitle Peace Hills Utilities Inc. to remove the Applicant from the Pre-Authorized Debit Plan without prior notice. Utility accounts will also be subject to a \$25 NSF fee. All outstanding amounts become due and payable and subject to penalties.
5. In the event of a sale of the above property, a resident change, or a change in banking information, it is the Applicant's responsibility to immediately notify Peace Hills Utilities Inc. to arrange cancellation of the plan to change banking details.
6. It is the responsibility of the Applicant to monitor payments withdrawn from their bank account and to contact Peace Hills Utilities Inc. in the event of a discrepancy.
7. Once a property owner has been removed from PAD for any reason, Peace Hills Utilities Inc. will not reinstate the same property owner on PAP until the following year.

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Authorization

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the authorization.

I/We have read and understand the terms and conditions of the Pre-Authorized Debit (PAD) as stated above. I/We acknowledge that the information provided on this form is complete and correct.

I/We authorize Peace Hills Utilities Inc. and its financial institutions to debit the referenced account beginning on the date noted in this application until either party cancels this agreement.

This authorization may be cancelled as per the Terms and Conditions stated in item 2 by the Applicant or Peace Hills Utilities Inc., and all outstanding amounts become due and payable and subject to penalties.

Signature of applicant: _____ Date: _____

The personal information being requested on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP). If you have questions about the collection, use, or disclosure of this personal information provided, please contact the City of Wetaskiwin's FOIP Advisor at 780.361.4400, foip@wetaskiwin.ca, or in-person at Wetaskiwin City Hall (4705 50 Avenue, Wetaskiwin, Alberta, T9A 0R8).

Payment information (internal use only)

Payment start date: _____

Date application received: _____

Received by (initials): _____

Copy of PAP provided to applicant?

Yes

No