



## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

### 1. Customer Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Campbellton Regional Community Account Number: \_\_\_\_\_

### 2. Bank Account Information (PLEASE INCLUDE A VOID CHEQUE)

Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_ Financial Institution Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details

You, the Payer, authorize the Campbellton Regional Community to debit the bank account identified above on the **1<sup>st</sup> of every month** or the next business day.

These services are for (check one):  Personal  Business

Water & Sewer  Collection of Refuse  Other: \_\_\_\_\_

Frequency of withdrawals:  Monthly  Quarterly  Annually

Amount of withdrawal: \$ \_\_\_\_\_

Effective Date of 1<sup>st</sup> withdrawal: \_\_\_\_\_

This authority is to remain in effect until the Campbellton Regional Community has received written notification from you of its change or termination. This notification must be received at least (10) days before the next debit is scheduled.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

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

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

You 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](http://www.cdnpay.ca).

When the form is complete mail or fax to:

**CAMPBELLTON**  
**P.O. Box 100**  
**Campbellton, New Brunswick E3N 3G1**  
**Tel: (506)789-2700 Fax: (506)759-7403**

\*\*\*By executing this Pre-Authorized Debit Agreement, you hereby acknowledge that the withdrawal amount stated above will be automatically adjusted according to provisions of the City's bylaws or upon the City's annual bylaw review, and you hereby unconditionally agree to waive any and all requirements for the City to pre-notify you of any change, including an increase, to the said withdrawal amount pursuant to Section 15(e) of Rule H1 of the Canadian Payments Association.\*\*\*