



# City of HUMBOLDT

OFFICE OF THE CITY MANAGER

P. O. Box 640  
Humboldt, SK S0K 2A0  
Tel. (306) 682-2525  
Fax. (306) 682-3144  
E-mail: [toulden.cityofhumboldt@sasktel.net](mailto:toulden.cityofhumboldt@sasktel.net)

## CONFIRMATION

A confirmation must be sent to each Payor that enters into an electronic PAD Agreement

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Payor name)  
\_\_\_\_\_  
(Payor address)

Re: **Confirmation of Pre-Authorized Debt (PAD) Sign-up**

Thank you for signing up for Pre-Authorized Debits from the City of Humboldt. We have accepted your PAD Agreement and are writing to confirm the following details:

- 1. **Name of Account Holder:**  
\_\_\_\_\_
- 2. **Financial Institution (Name & Transit#):**  
\_\_\_\_\_
- 3. **Account Number:**  
\_\_\_\_\_
- 4. **Amount of Payment:** \_\_\_\_\_
- 5. **Frequency/Timing of Payment:**  
15<sup>th</sup> day of each month
- 6. **Payment Start Date:** \_\_\_\_\_
- 7. **Type of Pre-Authorized Debit:**  
(i.e. Personal, Business):  
\_\_\_\_\_

8. **Statement with regard to Pre-notification:**

\_\_\_\_\_ IN THE EVENT THAT THE AMOUNT OF THIS PAD CHANGES, WE WILL SEND YOU A WRITTEN NOTICE IDENTIFYING THE NEW AMOUNT AT LEAST 10 DAYS BEFORE THE FIRST PAD FOR THAT AMOUNT, WITH THE EXCEPTION OF A REDUCTION IN THE AMOUNT DUE TO A CHANGE IN TAX RATE OR UTILITY RATE.

OR

\_\_\_\_\_ **YOU HAVE WAIVED YOUR RIGHT TO RECEIVE PRE-NOTIFICATION OF THE AMOUNT OF THE PAD AND AGREED THAT YOU DO NOT REQUIRE ADVANCE NOTICE OF THE AMOUNT OF PADS BEFORE THE DEBIT IS PROCESSED.**

9. **Cancellation:**

Your Payor's PAD Agreement may be cancelled provided written notice is received 10 days before the next scheduled PAD. If any of the above details are incorrect, please contact us immediately at 682-2525. If the details are correct, you do not need to do anything further and your Pre-Authorized Debits will be processed and start on the Payment Start Date indicated above.

10. **Standard Recourse Statement:**

You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD 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).

\_\_\_\_\_  
Signature of Payor

\_\_\_\_\_  
Signature of Joint Payor