



P.O. Box 640, HUMBOLDT, SK S0K 2A0
Phone: (306) 682-2525

PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT MONTHLY WATER PAYMENT PLAN (W.I.P.P.S.)

1. CUSTOMER INFORMATION (please print clearly)

Name: _____
Street Address: _____ Account No.: _____
Telephone Number: _____

2. BANK ACCOUNT INFORMATION

Deposit Account No. _____ Branch Transit No. _____
Financial Institution No. _____ Chequing Account Savings Account
Financial Institution Name: _____
Branch Address: _____

3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the Payor, authorize the City of Humboldt to debit the bank account identified above in the amount of \$ _____, on the 15th day of each month beginning _____, 20____.

These services are for (check one) Personal Business Use

You, the Payor, may revoke your authorization at any time, subject to providing the City written notice within 10 days of the cancellation. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

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.

* Payments dishonored as NSF are subject to a \$20.00 service charge.

* After two (2) such dishonored payments, the Plan will be cancelled by the City Clerk, or Utility Clerk of the City of Humboldt.

* The water account must be current to qualify for this program.

* In the event of a change of residence, or a change in bank account, it is the responsibility of the property resident to immediately notify the City of Humboldt Utility Department.

PLEASE ENCLOSE A VOID CHEQUE WITH YOUR COMPLETED FORM.