

## PRE-AUTHORIZED DEBIT AGREEMENT (PAD) AUTHORIZATION

### Account Holder Information

Account Holder (Full Name)			Telephone number
Address (Street, City, Province)			Postal code
Financial Institution and Location	Institution number (3 digits)	Transit number (5 digits)	Account number (with check digit)

### Payee organization – Contact information

Name of organization TOWN OF BEAURIVAGE	e-mail address RECEPTION@BEAURIVAGE.ORG		
Address (Street, City, Province) 1-9235 MAIN STREET, RICHIBUCTO	Postal code E4W 4B4	Telephone number (506) 523-7870	

#### **Authorization of withdrawal**

I, the undersigned (if a legal person, herein represented by its representative, who declares themselves duly authorized for the purposes hereof) authorize the payee organization to make a pre-authorized debit (PAD) from my account with the financial institution indicated above, at the following interval:

**monthly (on the last day of each month)**

Each withdrawal will correspond to an amount of \_\_\_\_\_\$ for the following service:

**water/sewer taxes**    **gym/wellness fees**    **other:** \_\_\_\_\_

#### **Change or cancellation:**

I shall inform the payee organization, with a notice of 30 days (maximum) of any changes to this Agreement. For more information on my right to cancel a PAD Agreement, I may consult with my financial institution or visit the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca).

I agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence.

I agree that the financial institution with which I have my account is not responsible for verifying that the payment is debited in accordance with my authorization. I also confirm that all the people whose signatures are necessary for the operation of the account mentioned above have signed this authorization. I am aware that by submitting the present authorization to the payee organization, I am also submitting it to the aforementioned financial institution.

### Signature of account holder (s)

Primary Account Holder (please print)	
Signature	Date
Secondary Account Holder (please print)	
Signature	Date

\*\*\* Important \*\*\*

Please attach a personal cheque marked VOID to avoid errors in transcription.  
If you change your account or financial institution, please advise the payee organization.

