

Town of Barrhead  
Pre-Authorized Debit (PAD)  
Authorization for Debit Transfer for Utility Bills

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/We authorize the Town of Barrhead and the financial institution designated (or any other financial institution that may be authorized at any time) to begin deductions as per my/our instructions for bi-monthly payments, for payment of my/our utility bills. Bi-monthly payments will be debited to my/our specified account on the last day of every second month (Jan, Mar, May, July, Sept, Nov). The Town of Barrhead will provide a minimum of 10 days written notice of the amount of each debit. The Town of Barrhead will obtain my/our authorization for any other one-time or sporadic debits.

The amount to be withdrawn will be the amount due shown on the Utility Bill. It is my/our responsibility to contact the Town Office prior to the 25<sup>th</sup> day of the month in which the bill is due, to discuss any concerns regarding the utility bill. \_\_\_\_\_(initials).

In the event that the withdrawal fails to be honoured by the financial institution, a \$35.00 NSF Fee will be applied to my/our utility account. Payment in cash to cover the account balance and NSF Charge will be required to be paid at the Town Office by me/us, and that if not paid will result in all penalties and any disconnection procedures to apply as provided for in the Utility Bylaw and applicable Utility Policies for the Town of Barrhead.

I/We understand that if two (2) consecutive payments are not honoured, the privilege of this program will be cancelled.

This authority is to remain in effect until the Town of Barrhead has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

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 PAD Agreement. To obtain a form for Reimbursement Claim, or for more information on my recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**CUSTOMER INFORMATION:**

PLEASE PRINT

DATE: \_\_\_\_\_

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

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

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

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

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus) \_\_\_\_\_ (Res) \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

Please attach a void cheque. If you are unable to attach a void cheque, please have your Financial Institution complete the following information:

Name on Account: \_\_\_\_\_

Financial Institution (FI) Name: \_\_\_\_\_

Branch Number (5 digits): \_\_\_\_\_ Institution Number (3 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

TOWN OF BARRHEAD  
Attention: Utility Department  
Box 4189, 5014-50 Avenue  
Barrhead, Alberta T7N 1A2  
Tel: (780) 674-3301  
e-mail: [town@barrhead.ca](mailto:town@barrhead.ca)