



Preauthorized Debit

Application

Customer Information

Name(s): _____

Mailing Address: _____

Phone #: _____ Cell #: _____

Financial Institution & Account Information

Financial Institution: _____ Institution Code: _____

Transit #: _____ Account #: _____

Branch Address: _____

UTILITY Payment Withdrawal

Utility Account #: _____ Service Address: _____

These services are for (check one) Personal Business

Amount to be debited from above account on the 30th day of each month:

(Please check one)

- Set Monthly Amount \$ _____
- Actual Billed Amount

Effective Date: _____

TAX Payment Withdrawal

Tax Roll #: _____ Service Address: _____

These services are for (check one) Personal Business

Amount to be debited from above account on the 30th day of each month:

(Please check one)

- Set Monthly Amount \$ _____
- Other (specify) _____

Effective Date: _____

Customer Authorization

I/We authorize the Town of Rosthern and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Rosthern accounts. Regular payments for the full amount of services delivered will be debited to my/our specified account on the withdrawal date.

This authorization will remain in effect until the Town of Rosthern 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 Pre-authorized Payment Plan Agreement at my/our financial institution or by visiting www.cdnpay.ca. I/We acknowledge that this authorization is to remain in effect until the Town of Rosthern has sent me/us written notice of termination of this agreement, and that the Town of Rosthern has the authority to terminate the plan upon notice.

The Town of Rosthern may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us

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 Pre-authorized Payment that is not authorized or is not consistent with the pre-authorized Payment Plan Agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution.

Withdrawal dates will be the 30th day of each month.

Authorized Signature(s)* _____

Date: _____

* For joint account, all depositors must sign when more than one signature is required on a cheque issued against that account.

Town of Rosthern
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