



UTILITY PRE-AUTHORIZED DEBIT PLAN AGREEMENT

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

I/We authorize Lacombe County and my/our financial institution (or any other financial institution I/we may authorize at any time) 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 Lacombe County Utility account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specific account on the last working day of each month. Lacombe County will provide 10 days written notice of the amount of each regular debit. Lacombe County will obtain my/our authorization for any other one-time debit.

This authority is to remain in effect until Lacombe County has received written notification from me/us of its changes 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/our financial institution, the Lacombe County Administration Office, by visiting www.lacombecounty.com or by visiting www.cdnpay.ca.

I/We understand that if a pre-authorized debit is not honoured by my/our financial institution, a service charge of \$25.00 will be applied to my/our utility account. The County may cancel the privilege of continuing on the Plan if two installments fail to be honoured. The unpaid balance of utilities shall then be subject to the penalties.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or by visiting www.cdnpay.ca. Revocation of this agreement does not in any way terminate any other obligations between the Applicant(s) and Lacombe County.

I/We warrant that all persons whose signatures are required to sign on the account at my/our financial institution have signed this agreement below.

PLEASE PRINT

Start Date: _____

Name(s): _____

Utility Account No.: _____

Service Address: _____

Type of Service: Personal _____ Business _____

Home Phone: _____

Business Phone: _____

PLEASE FILL OUT FINANCIAL INFORMATION AND ATTACH A VOID CHEQUE OR FORM FROM FINANCIAL INSTITUTION.

Financial Institution: _____ Account No. _____ Transit/Branch No. _____

I/We the applicant(s) hereby acknowledge that I/we have read and understand and agree to the terms and conditions as contained herein.

Signature: _____

Date: _____

Lacombe County
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