



**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS
(PAD) FOR UTILITIES**

Owner/Applicant Name: _____

Property Address: _____

Mailing Address: _____

City/Town: _____ **Province** _____ **Postal Code** _____

Phone: Residential _____ **Other** _____

UTILITY ACCOUNT

_____ I/We hereby authorize an electronic, pre-authorized debit (PAD) for all utilities owing on the 25th day of each month

Utility Account# _____

ACCOUNTS RECEIVABLE

_____ I/We hereby authorize an electronic, pre-authorized debit (PAD) for all amounts owing on my/our account on the 15th day of each month

Accounts Receivable # _____

I/We have attached a specimen cheque marked **"VOID"**.

Payee's Contact Information – **Lethbridge County**

#100, 905 - 4 Avenue South

Lethbridge, AB. T1J 4E4

Phone – 403.328.5525 Fax – 403.328.5602

utilities@lethcounty.ca

www.lethcounty.ca

1. I/we authorize Lethbridge County, and the financial institution designated (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 Lethbridge County account(s) as listed above. Lethbridge County will obtain my/our authorization for any other one-time or sporadic debits.
2. **In the event of a move or a property sale, it is my/our responsibility to cancel the PAD before the next processing cycle by notifying the Lethbridge County Utilities Department.**
3. This authority is to remain in effect until Lethbridge County has received written notification from me/us of its change or termination. This notification must be received at 1

least ten (10) business days before the next debit is scheduled at the address provided above. 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 or by visiting www.cdnpay.ca.

4. I/we acknowledge that any payment not honored or processed by my/our bank is subject to a service charge, and that after 3 dishonored payments I/we are removed from the PAD program

5. Lethbridge County may not assign this authorization, whether directly or indirectly, by _____(initial)
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 PAD that is not authorized or is not consistent with this PAD 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 or visit www.cdnpay.ca

I/We understand and accept the terms of participating in this PAD plan.

Signature

Date

Important Note: The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email atippcoordinator@lethcounty.ca or call 403-328-5525.