



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

**Owner/Applicant Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Phone: Residential** \_\_\_\_\_ **Other** \_\_\_\_\_

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

**Utility Account#** \_\_\_\_\_

\_\_\_\_\_ I/We hereby authorize an electronic, pre-authorized debit (PAD) for all amounts owing on my/our account on the 1<sup>st</sup> 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](mailto:utilities@lethcounty.ca)  
[www.lethcounty.ca](http://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 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](http://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

\_\_\_\_\_ (initial)

5. Lethbridge County 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.
6. 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](http://www.cdnpay.ca)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date