



844 Centre Street Box 370
Carstairs, AB T0M0N0
Phone: 403-337-3341
Fax: 403-337-3343
www.carstairs.ca

Pre-Authorized Payment Plan Utilities

PLEASE PRINT CLEARLY

_____ Type of Service: _____ OR _____
Town of Carstairs Account Number Personal Business

Date of First Payment

Owner's Last Name First Name

Property Address P.O. Box

Residence Phone Business or Cell Phone

BANKING INFORMATION (for verification, please attach a cheque marked "VOID")

Name and Location of Financial Institution Bank Account No.

TERMS AND CONDITIONS – IMPORTANT PLEASE READ

I, the undersigned, owner of the property listed above, agree to the following:

1. I hereby authorize the Town of Carstairs to debit my bank account on the 1st day, starting the month specified above, for payment of utilities for the above noted account number. Town of Carstairs will provide at least five (5) days written notice of the amount of each regular, bi-monthly debit. Town of Carstairs will obtain my authorization for any other one-time or sporadic debit.
2. While on this plan I will notify the Town of Carstairs immediately of any changes to bank account numbers to ensure payments are not rejected.
3. In the event a payment is dishonored as NSF, I agree to pay a \$40 NSF fee and understand that after two (2) consecutive, dishonored payments, my plan will be cancelled by the Town of Carstairs and my account will be subject to penalties pursuant to the Utility Service Agreement.
4. I understand that this is an agreement between myself and the Town of Carstairs and is NOT TRANSFERABLE to the new owner in the event the property is sold. In the event this property is sold I agree to notify the Town of Carstairs immediately to arrange for cancellation of this agreement.
5. I have certain recourse rights if any debit does not comply with this agreement. For example: I have the right to receive reimbursement for any debit 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca
6. I understand that I may cancel this agreement at any time by providing written notice. I may obtain a sample cancellation form, or further information on my rights to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca

Signature

Date

The personal information requested on this form is being collected in order to process your application, and is governed by the Freedom of Information & Protection of Privacy Act (FOI/PIA). If you have any questions with respect to the collection or release of this information, please contact the Manager of Finance & Administrative Services at Town Office.