



Box 370
Carstairs, AB T0M 0N0
Phone: 403.337.3341
Fax: 403.337.3343
www.carstairs.ca

Pre-Authorized Debit – Accounts Receivable

Please Print Clearly

New Revised

Customer Name:

Mailing Address:

Phone Number:

Email address:

Direct Debit Information

You **MUST** provide either a **VOID cheque** or bank account verification from your bank

Bank ID:

Transit ID:

Account Number:

Terms & Conditions – Important: Please Read

I, the undersigned, agree to the following:

1. I authorize the Town of Carstairs to debit my bank account for payment of accounts receivable invoices.
2. The Town of Carstairs will provide written notice in the form of an invoice; the amount due on the account will be debited from my bank account on the 25th day of the month.
3. Pre-Authorized Debits will occur as invoices are issued and due, which may be sporadically. By signing this agreement, I understand that no further notice will be provided for sporadic payments.
4. 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.
5. In the event a payment is dishonored as NSF, I agree to pay a \$40 NSF fee. This fee will be added to the account and will be submitted for payment at the end of the following month. Two returned payments in a 12-month period will result in termination of rights to be enrolled in the Pre-Authorized Debit Program
6. 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
7. I understand that I may cancel this agreement at any time by providing written notice or completing a Cancellation Form provided by the Town of Carstairs. This notification must be received at least ten (10) business days before the next debit is scheduled, at the address listed above. 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.

Authorized Signature:

Date:

Printed Name:

Title:

Upon completion, please fax this form to 403.337.3343, email it to carriei@carstairs.ca, or mail it to the town of Carstairs at the address listed above.

Office Use Only

Processed By:

Date: