



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

Pre-Authorized Payment Plan – Utilities

A convenient way to pay your utilities. Your monthly utility payment will be processed automatically and you won't have to write a cheque, mail your payment, or come to the Town office to pay your utility bill. You'll avoid late payment penalties since your payment will automatically be processed before it is due.

Please Print Clearly		<input type="checkbox"/> New	<input type="checkbox"/> Revised
Account Number:		<input type="checkbox"/> Personal <input type="checkbox"/> Business	
Property Owner(s):	Payment Start Date:		
Property Address:	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:
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Terms & 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 15th 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 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 signing a cancellation form or providing written notice. I also 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: _____