



Rutland
WATERWORKS DISTRICT

106 - 200 Dougall Road North
Kelowna, BC V1X 3K5
www.rutlandwaterworks.com

p: (250) 765-5218
f: (250) 765-7765
e: info@rutlandwaterworks.com

Pre-Authorized Debit (PAD) Request Form

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Rutland Waterworks District 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 Quarterly recurring toll payments arising under my/our Rutland Waterworks **water utility account**. Rutland Waterworks will provide ten (10) days written notice of the amount of each Quarterly debit. Further, regular Quarterly payments for the full amount of services delivered will be debited to my/our specified account on the due date provided on the aforementioned notice.

This authority is to remain in effect until Rutland Waterworks 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

Rutland Waterworks may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (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.

PLEASE PRINT

DATE

Name(s) _____ RWD Toll Acct.# _____

Service Address _____ City/Town _____

Province _____ Postal Code _____

Phone Number _____ Email _____

Financial Institution (FI) _____ I would like to receive invoices via email

****OR ATTACH A VOID CHEQUE****

BANK INFO

FI Account Number _____ FI Transit Number _____

Address _____

City/Town _____

Province _____ Postal Code _____

Authorized Signature(s) _____

This is a Personal PAD

Pre-Authorized Debit Form (Tolls)

