



## 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](http://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](http://www.cdnpay.ca).

**PLEASE PRINT**

DATE: \_\_\_\_\_

Name(s): \_\_\_\_\_

RWD Toll Acct.#: \_\_\_\_\_

Service Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to receive invoices via email only**

Financial Institution (FI): \_\_\_\_\_

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

FI Account Number: \_\_\_\_\_

FI Transit Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

This is a Personal PAD



## 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 annual recurring tax payments, arising under my/our Rutland Waterworks **water parcel tax account**. Rutland Waterworks will provide ten (10) days written notice of the amount of each annual debit. Further, regular annual payments for the full amount of said taxes 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](http://www.cdnpay.ca).

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I/we have certain recourse rights if any debit that 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).

**PLEASE PRINT**

DATE: \_\_\_\_\_

Name(s): \_\_\_\_\_

RWD Tax Acct.#: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to receive invoices via email only**

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_

FI Transit Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

This is a Personal PAD