



Box 600, Crowsnest Pass Alberta TOK OEO  
 Phone: (403) 562-8833 Fax: (403) 563-5474  
 utilities@crowstpass.com

## UTILITY PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

APPLICANT INFORMATION	
Names	UT Account #
Civic Address	Phone #
Mailing Address	Customer ID (office use only)
EMAIL address <span style="font-size: small; margin-left: 20px;">Register for all future paperless notifications?</span>	PAD Category <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Personal  <input type="checkbox"/> Business         </div>

**Monthly payments will be withdrawn on the 15th of each month.** To be eligible for PAD all accounts must be up-to-date with no outstanding balances. Amounts are calculated monthly and are based on current utility bylaws. Calculated amounts are subject to change with the introduction of new utility rate bylaws and/or services.

1. This authorization may be cancelled at any time by written notice to the Municipal Office not less than 14 days prior to your next payment. Changes to banking information, likewise must be received 14 days prior to your next payment.
2. In the event of a sale of the property, it is your responsibility to immediately notify the utility department at the Municipal Office to arrange for cancellation of the pre-authorized plan 14 days prior to your next payment.
3. I/we acknowledge any payment not honored or processed by my/our bank is subject to service charge and participation in this program may be revoked if payments are returned as a result of insufficient funds.
4. 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**I hereby provide the following information to authorize Direct Debit for Monthly Payment of Utilities for any outstanding charges on my utility account. (Void cheque or verified bank information attached.)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*The personal information on this form is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act Section 33(c) for the purpose of collecting utility fees from applicant's debit account for Municipality of Crowsnest Pass. If you have any questions about the collection of this information, contact the FOIP Coordinator for the Municipality of Crowsnest Pass at 403-562-8833.*