

Payor's PAD (Pre-Authorized Debit) Agreement

TOWN OF WEMBLEY

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

I/We authorize the Town of Wembley 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Wembley account(s). Regular monthly payments in the amount of _____ will be debited to my/our specified account on the _____ day of each month. The Town of Wembley will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Town of Wembley has received written notification from me/us of its change or termination. This notification must be received at least ten (10) days before the next debit is scheduled at the address provided below. 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.

The Town of Wembley may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 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 and PAD that is not authorized or is not consistent with the PAD Agreement. To obtain a form for Reimbursement Claim, or for more information on my/our recourse right, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s): _____ **Town of Wembley Account Number:** _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town _____ Province _____ Postal Code _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province _____ Postal Code _____

Authorized Signature(s): _____

Town of Wembley
Attention: Customer Billing Department
9940 – 101 Street, Box 89
Wembley, AB T0H 3S0
Tel: 780-766-2269
e-mail: office@wembley.ca