



Town of Quispamsis Pre-Authorized Debit Plan Application

Town of Quispamsis
12 Landing Court
Quispamsis, NB E2E 4R2
Phone 506-849-5778
Fax 506-849-5799

Email: accountsreceivable@quispamsis.ca
Website: www.quispamsis.ca

Quispamsis Utility Account # _____
Name _____
Address _____
Phone Number _____
E-mail address for notification of withdrawal _____

Bank Name _____												
Bank Address _____												
Bank Code (Financial Institution) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>												
Branch/Transit Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
Account Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>												

Please provide a VOID cheque or Bank form as verification of bank information

Pre- Authorized Debit Plan

I/we confirm that the bank account information provided above is correct, and authorize that the Town of Quispamsis (hereafter called The Town), has my permission to confirm the above banking information with my financial institution, if they so choose. I acknowledge it is my responsibility to notify the Town of Quispamsis of any changes to my banking information.

I (we) authorize The Town and the banking institution designated, to release funds for payment of my quarterly charges for sewer and /or water (in accordance with rates authorized annually in our Sewerage bylaw #005 and Water Utility bylaw #024). Funds for each invoice are to be withdrawn approximately 21 days after the invoice date(s). I (we) warrant and guarantee that all persons whose signatures are required to sign on the account have signed this agreement below.

This contract shall be self-renewing from year to year or until notification of termination has been made.

I have read and accept the Terms and Conditions on the reverse of this form.

Authorized Signature _____ Print name _____

Authorized Signature _____ Print name _____

Date _____

Please return the completed form and a **VOID cheque** or Bank form to the Town of Quispamsis Accounts Receivable Department. You may drop it at town hall, mail or e-mail to address listed at top of this form.

The personal information gathered on this form is voluntarily provided by individuals. If provided, the information will be used or disclosed only for the purposes for which it was collected in accordance with *New Brunswick Right to information and Protection of Privacy Act*. If you have any questions regarding the collection and use of this information, please contact the Account Receivable Clerk for the Town of Quispamsis at (506) 849-5745

Town of Quispamsis

Pre-Authorized Debit Plan Application

Terms and Conditions

1. This Authorization may be cancelled at any time upon notice by the customer. The customer acknowledges that in order to revoke this authorization, the customer must provide written notice of revocation to the Town at least ten (10) business days prior to the next payment date. You may obtain a sample cancellation form or further information on your right to cancel a Pre-Authorization Debit (PAD) from your financial institution or from the Canadian Payment Association's website at www.cdnpay.ca
2. The customer acknowledges that provision and delivery of this authorization to the Town constitutes delivery to the bank/financial institution.
3. The customer acknowledges that this authorization is provided for the benefit of the Town and my bank/financial institution information is provided in consideration of the designated bank/ financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.
4. The Town will provide notice, by e-mail or mail delivery, of the amount to be withdrawn and the scheduled date of withdrawal at least ten days before the scheduled date of each PAD.
5. The customer undertakes to inform the Town in writing, immediately, of any change in the bank account information provided in this authorization.
6. The customer acknowledges that the bank/financial institution is not required to verify that a PAD has been issued in accordance with the particulars of their authorization including, but not limited to the amount.
7. The customer acknowledges that the bank/financial institution is not required to verify that any purpose of payment for which the PAD is issued has been fulfilled by the Town as a condition to honouring a PAD issued or caused to be issued by the Town on their account.
8. Revocation of this authorization does not terminate any contract for goods or services that exists between the customer and the Town. The customer's authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
9. A PAD may be disputed by the customer under the following conditions:
 - i) the PAD was not drawn in accordance with my/ our authorization (or)
 - ii) the authorization was revoked (or)
 - iii) Pre-notification was not received.
10. The customer, in order to be reimbursed, acknowledge that a declaration must be completed and presented to the bank/financial institution holding the account up to and including 90 days in the case of a personal PAD or up to and including 10 business days in the case of a business PAD, after the date on which the PAD in dispute was posted to the account
11. The customer acknowledges that a claim on the basis that the authorization was revoked or any other reason, is a matter to be resolved solely between the Town and the customer when disputing any PAD after 90 days in the case of a personal PAD or 10 business days in the case of a business PAD.
12. The customer has certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca