

Town of Birch Hills

"A SMALL TOWN WITH A BIG HEART"

1. Customer Information (Please Print Clearly)

Name:

Town of Birch Hills
Account Number

Water/Sewer:

Taxes:

Address:

City:

Province:

Postal Code:

Telephone Number:

Res.

Cell

Bus.

2. Bank Account Information

Specimen cheque marked "VOID" attached.

Deposit Account Number:

Chequing

Savings

Branch Transit Number:

Financial Institution Number:

Financial Institution:

Name:

Branch Address:

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize the Town of Birch Hills to debit the bank account identified above on the 20th of every month (or the next business day) of the following amount:

a) Fixed Amount \$ _____

b) Variable Maximum Amount \$ _____

These services are for (check one)

Personal

Business Use

You, the Payor, may revoke your authorization at any time by written notice. This notice must be received at least ten (10) business days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder (If applicable)

Name (please print)

Name (please print)

Date:

Date:

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.



126 McCallum Ave.
Box 206
BIRCH HILLS, SASK.
S0J 0G0

PHONE 306-749-2232
FAX 306-749-2545
EMAIL birchhills.town@sasktel.net
WEBSITE www.birchhills.ca