



TOWN OF HARDISTY

Start Date: _____

End Date: _____

Pre-Authorized Payment

Please return by: Fax (780) 888-2200 E-mail: Sandy@hardisty.ca Mail: Box 10 Hardisty, AB T0B 1V0

PERSONAL INFORMATION

Last Name:		First Name:		Date:	
Mailing Address:		Town/ City:		Postal Code	
Telephone Number (home):	Telephone Number (work)	Fax Number:	E-mail:		
Utility Account Number:	Tax Account Number:	Type of Service (please check one):		<input type="checkbox"/> Personal <input type="checkbox"/> Business	

PRE-AUTHORIZED PAYMENT INFORMATION

Account Number: ■ ■ ■ ■ ■ ■ ■ ■ ■ ■		Branch Transit Number: ■ ■ ■ ■ ■		Financial Institution Number: ■ ■ ■	
Please indicate type of Account: Chequing <input type="checkbox"/> Savings <input type="checkbox"/>					
Financial Institution Name:					
Branch Address:		Town/ City		Postal Code:	

PLEASE NOTE: You may attach a VOID cheque to the form (to void a cheque, print "VOID" across the cheque). If filling out the form, please take into your financial institution to have filled in, so the correct information is included.

Please check "Pre-Authorized Utility" or "Tax Payment".

PRE-AUTHORIZED UTILITY PAYMENT

DISCLAIMER:

I/we authorize the Town of Hardisty 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 on-time payments from time to time, for payment of all charges arising under my/our Town of Hardisty Utility Account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 28th day or the next business day of each month. Town of Hardisty will provide within 10 days written notice of the amount of each regular debit. Town of Hardisty will obtain my/our authorization for any other one-time or sporadic debits.

PRE-AUTHORIZED TAX PAYMENT

DISCLAIMER: (Please check one)

- I/We authorize the Town of Hardisty to debit my/our account noted above for \$_____ each on the 28th day or the next business day of the month **OR**
- I/We authorize the Town of Hardisty to debit my/our account the full amount of the tax notice on June 30th or next business day of each year.

LEGAL DISCLAIMER FOR PRE-AUTHORIZED PAYMENTS (UTILITY & TAX)

This authority is to remain in effect until the Town of Hardisty has received written notification from my/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 Pre-Authorized Payment Agreement at my/our financial institution or by visiting www.hardisty.ca.

The Town of Hardisty may not assign this authorization, whether directly or indirectly, by operation by the 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 any Pre-Authorized Payment that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain a Reimbursement Form, or more information please visit www.cdnpay.ca or contact the Town of Hardisty Office.

The personal and business information that you are providing the Town of Hardisty is being collected in accordance with section 33 of the *Freedom of Information and Protection of Privacy (FIOP) Act*. This information will be used for the administration of the preauthorized payment plan for utilities and tax payments, and will be protected according to the provision of the Act. If you have any questions or concerns related to this information request, please contact the Town of Hardisty at (780) 888-3623

AUTHORIZING SIGNATURES

All joint accounts MUST have 2 signatures

SIGNATURE

DATE

SIGNATURE

DATE