



Yellowhead County

www.yhcounty.ca

2716 - 1st Avenue, Edson, Alberta T7E 1N9

Utility Pre-Authorized Payment Form (PAD)

Customer(s) Name(s):

Address:

City:

Province:

Postal Code:

Area Code and Telephone Number:

Name of Financial Institution: (the "Bank")

Branch Address:

City:

Province:

SHADED AREA FOR OFFICE USE ONLY

Utility Account Number(s):
(Please refer to the Installment
Plan authorization)

Address ID:

Bank Number:

Transit Number:

Account Number:

I/We, the above named Customer(s) authorize Yellowhead County to debit my/our bank account as indicated above for Utility Installment Payments as bi-monthly recurring payments on the last day of the month. The bi-monthly payment amount to be triggered by the bi-monthly Utility billing. Yellowhead County will obtain my/our authorization for any other one-time or sporadic debits.

I/We will notify Yellowhead County promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

This authority is to remain in effect until Yellowhead County has received written notification from me/us of its change or termination. This authorization may be cancelled at any time upon ten (10) days written notice to Yellowhead County. 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.

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this authorization.

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 PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

This authorization is signed with the understanding that failure to provide sufficient funds may result in additional charges that will be the responsibility of the account holder. Failure to provide sufficient funds will cause this agreement to be null and void.

PLEASE INCLUDE A PERSONAL CHEQUE MARKED "VOID" AND SUBMIT TO YELLOWHEAD COUNTY

Date:

Customer's Signature:

Date:

Customer's Signature:



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Utility Installment Plan Authorization

Customer(s) Name(s):

Address:

City:

Province:

Postal Code:

Area Code and Telephone Number:

SHADED AREA FOR OFFICE USE ONLY

Utility Account Number(s):

Address ID:

I/We, the above named Customer(s) authorize Yellowhead County to process automatic Utility Installment Payments as bi-monthly recurring payments on the last day of the month following a utility billing. The bi-monthly payment amount to be triggered by the bi-monthly Utility billing.

Yellowhead County will obtain my/our authorization for any other one-time or sporadic debits.

I/We understand that the completion of the Pre-Authorization Payment Form (PAD) must also accompany this authorization.

The initial signed authorization's are all that is required for a series of payments to be made automatically through our bank or financial institution.

Date:

Customer's Signature:

Date:

Customer's Signature:

If a payment processed against the account(s) is not in accordance with this authorization, please contact Yellowhead County immediately at 780-723-4800 or 1-800-665-6030.