ROCKY VIEW COUNTY

262075 Rocky View Point
Rocky View County, AB, T4A 0X2

403-230-1401
questions@rockyview.ca
www.rockyview.ca

APPLICATION FOR PRE-AUTHORIZED PAYMENT PLAN
UTILITIES

1. Customer Information

Utility Account No. ☐☐☐☐☐☐☐☐•☐☐ Roll No. ☐☐☐☐☐☐☐☐

Type of Service ☐ Personal ☐ Business

Name: _____ Phone No. (Home) _____

Phone No. (Bus.) _____

Address: _____

2. Bank Account Information

☐ Chequing Account ☐ Savings Account

Branch Transit No. ☐☐☐☐☐ Financial Institution No. ☐☐☐

Bank Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ATTACH VOID CHEQUE HERE

3. Pre-Authorized Debit Details

I/We the Applicant(s) authorize Rocky View County, and the Alberta Treasury Branches to debit my/our account for the payment of my Utility Bill payable to the Rocky View County on the 15th day of every month for metered customers and 30th of the month for non-metered customers as payment of utility charges for the above named property.

This authority is to remain in effect until Rocky View County has received written notification from me/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 by the County. The PAD Agreement shall also advise that the Applicant may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.cdnpay.ca.
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 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 my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/We acknowledge that it is my/our responsibility to inform the Rocky View County with minimum 15 days notice should my/our banking information change. I/We likewise acknowledge the right for the County to cancel my/our participation in the payment plan if any payments are not honoured by my/our bank. Unpaid utilities as of the date of termination of participation in the plan will be subject to a 3% penalty as per the County's Water and Wastewater Bylaw and a fee of $25.00 will be charged for any returned payments.

I agree that the PAD information contained in this authorization may be disclosed to any current banking institution used by the County for the sole purpose of making these pre-authorized withdrawals.

I understand, accept and will participate in this PAD agreement. I certify by electronically accepting this PAD agreement that this constitutes proper signature authorization for the PAD agreement to precede.

Name of the Account Holder (Pls. print)	**Name of the Account Holder (Pls. print)**
Signature of the Account Holder	**Signature of Joint Account Holder (If applicable)**
Date Signed	**Date Signed**

IMPORTANT NOTICE: YOUR PRESENT UTILITY ACCOUNT BALANCE MUST BE PAID FIRST IN FULL TO BE ENROLLED ON THE PRE-AUTHORIZED PAYMENT PLAN FOR UTILITIES.