



**DEFT – DIRECT ELECTRONIC FUNDS TRANSFER
Pre-Authorized Debit (PAD) Agreement**

TOWN OF PINCHER CREEK
Box 159, Pincher Creek, AB T0K 1W0
Fax: 403-627-4784 Phone: 403-627-3156
www.pinchercreek.ca
reception@pinchercreek.ca

I/We hereby authorize a debit, in paper, electronic, or other form for the payment of my/our Town Utility account. Bi-monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date of the bi-monthly utility billing. This authority is to remain in effect until I/we notify the Town in writing of termination, within fourteen (14) days of the next due date.

A specimen cheque for my/our account marked "VOID" is attached to this application.

This authorized debit and utility account Direct Electronic Funds Transfer (DEFT) may be cancelled upon written notice to the Town of Pincher Creek by me/us not less than fourteen (14) days prior to the next due date. 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.

I/We acknowledge that in the event any payment is not honored by the bank, a return fee of \$35.00 as per Bylaw #1584-07, will apply, as well as the Utility Penalty as per Bylaw #1605-09 and Bylaw #1606-09. I/We understand that my/our participation in the Direct Electronic Funds Transfer – Utilities (DEFT) may be cancelled upon two returns or non sufficient funds notices.

In the event I/we change my/our bank account, I/we will notify the Town of Pincher Creek in writing and complete a new Application/Pre-Authorized Debit form not less than fourteen (14) days prior to the next due date and provide a current cheque marked "VOID".

By copy of this form, the applicant acknowledges notification of and agrees to abide by the Terms and Conditions of the Pre-authorized Debit and the Electronic Funds Transfer Service provided by the Town of Pincher Creek's financial institution.

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.

Date _____

Utility Account # _____

Civic Address _____

Phone # _____

Mailing Address _____

Name(s) please print

Signature _____

Signature _____

The personal information on this form is being collected for the purpose of administrating DEFT payments for the Town of Pincher Creek, under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). It is protected by the privacy provisions of the FOIP Act. If you have any questions about the collection, please contact the FOIP Coordinator ant 403-627-3156.

Office Use Only

Payment Start Date _____