



Utilities Pre-Authorized Debit (PAD) Application

PAYOR INFORMATION

These services are for (check one): <input type="checkbox"/> Personal <input type="checkbox"/> Business		Effective Date:
Name (Last, First, Initial):		Utility Account Number:
Service Address:		
Mailing Address (if different from Service Address):		
Telephone Number:	Email:	

PAYOR BANK ACCOUNT INFORMATION

Please attach a Canadian VOID Cheque or Direct Debit form (PAD agreement) from your financial institution

UTILITY PRE-AUTHORIZED DEBIT TERMS AND CONDITIONS

- 1. Automatic Payment:** You, the Payor, authorize the Town and its financial institution to continually debit the noted bank account for monthly recurring payment of all utility fees and charges payable to the Town of Olds on the utility billing due date as stated on the utility bill for the above noted utility account.
- 2. Change/Cancel Banking Information:** In the event the bank account information above is changed please allow a minimum of 5 business days to change the pre-authorized debit information. Change/Cancellation requests can be completed by contacting utilities@olds.ca or online www.olds.ca/node/2104.
- 3. Termination:** The Town reserves the right to terminate this agreement without prior notification.
- 4. Dishonored Payments:** Any payments withdrawn that are returned by your bank will be subject to a \$20 service charge.
- 5. Recourse Rights:** 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.payments.ca.

I/We have read, understand, and agree to the Terms and Conditions of the Utilities Pre-Authorized Debit Application and warrant and guarantee that the person(s) whose signatures are required to sign on the bank account have signed below.

Bank Account Holder Signature(s)

(For Internal Use Only)

Printed Name(s): _____	Received by & date:
X _____ Date: _____	Date of First Debit:
X _____ Date: _____	

Return completed form & VOID cheque to use by:

Mail: Town of Olds
4512 46 St
Olds, AB
T4H 1R5

Drop Off: Administration Building
Utility Accounts
4512 46 St
Olds, AB

Fax: 403.556.6537
Email: utilities@olds.ca
Online: olds.ca/virtual-city-hall

The Town of Olds collects personal information, including name and contact information, for the purpose of providing programs, services, and contacting customers in this regard. The Town of Olds is authorized to collect this personal information under Section 33 of the Freedom of Information and Protection of Privacy Act and by Section 3 of the Municipal Government Act. Please contact the FOIP Coordinator at the Town of Olds, 4512 46 St, Olds, Alberta, or phone 403.556.6981 if you have any questions about this collection of information.