village of Clive

The Village of Opportunity

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below:

I/we authorize the Village of Clive 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 one-time payments from time to time, for payment of all charges arising under my/our Village of Clive account(s). The Village of Clive will provide 10 days written notice of the amount of each regular debit. Village of Clive will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Village of Clive has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided below. 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 be visiting www.cdnpay.ca.

The Village of Clive may not assign this authorization, whether directly or indirectly, by operation of 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 PAD this 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.

PLEASE PRINT: **DATE:** _____

Name: _____ Village of Clive Account Number: _____

_____Tax Account _____Utility Account Type of Service: Personal _____Business _____

Address(Civic): _____ Phone: (Business/Cell) _____

Address (Mailing): _____ Phone: (Home) _____

Financial Institution (FI):

Name Of Financial Institution: _____

FI Account #: _____ (3 Digit) FI Transit #: _____(5 Digit) Branch #:_____

Address: _____City/Town: _____ Province: _____ Postal Code: _____

_____
Signature

NOTE: Please return this form to
Village of Clive
Attention: Tanya
Box 90, Clive, AB T0C 0Y0
Email: tanya@clive.ca