



## Utility Pre-Authorized Payment Program Application Form

		Date:			
First Name <i>(or corporate name if applicable)</i> :		Initial:	Last Name:		
Mailing Address:		City:	Province:	Postal Code:	
Service Address <i>(if different from mailing address)</i> :		City:	Province:	Postal Code:	
Home Phone:		Work Phone:			
Utility Billing Account:		Email:			
		Type of Service:		Personal	Business

### FINANCIAL INSTITUTION INFORMATION

Name:	Bank #:
Address:	Branch #:
City:	Account #:

- 1) In this Authorization, "I", "me", and "my" refer to each Account Holder(s) who sign below.
- 2) I/we agree to participate in this Utility Pre-Authorized Payment Program and I/we authorize the Regional District of North Okanagan (RDNO) and the financial institution designated to withdraw from my/our account indicated in this form to cover payment in full for utility user fees billed to me from time to time and/or outstanding at the time of any billing – hereafter identified as Utility Pre-Authorized Payments.
- 3) Notice of the Payment Amount and the Payment Date will be delivered to me at least 10 calendar days before the Payment Date. I/We recognize and agree that delivery of the Notice of Payment cannot be guaranteed and that delivery is made on a best efforts basis following the normal processing and mailing procedures followed by the RDNO. Failure to deliver a Notice of Payment does not relieve me/us of our obligation to pay the amount owing under this agreement.
- 4) I may revoke this Authorization by contacting the RDNO Finance Department in writing, five (10) business days in advance of my next payment due date. I agree that revocation of this Authorization does not terminate any contract that exists between myself and the RDNO concerning my utility account.
- 5) I agree it is my/our sole responsibility to notify the RDNO of any change in Financial Institution Account information within 10 days of the withdrawal date.
- 6) I agree that ALL persons whose signatures are required to sign on the Financial Institution Account have signed the Authorization below.
- 7) The Regional District of North Okanagan may terminate this agreement at any time upon written notice (including e-mail notice where applicable). Upon termination, notification of billed charges will be by regular mail. I /We will make payments for billed amount directly to the RDNO using methods that may be in effect at that time.
- 8) 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.payments.ca](http://www.payments.ca)

**Please include a blank cheque, with the word "VOID" written across it.**

For joint accounts, if more than one signature is required on cheques, then more than one signature must be included on this application.

The current charge for dishonoured payments is \$25.00. Pre-authorized payments that are not honoured by your Financial Institution will result in the \$25.00 fee being added to your Utility Billing Account, in addition to any charges from your Financial Institution.

**Date:**

**Signature of Signing Authority(s):**