



Water & Sewer Utility

**Pre-Authorized Debit (PAD) Plan Agreement**

I/we authorize Charlottetown Water & Sewer Utility, 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 recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Charlottetown Water & Sewer Utility account(s). Charlottetown Water & Sewer Utility will provide 10 days written notice of the amount and date of each debit to be processed from my/our account. Charlottetown Water & Sewer Utility will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Charlottetown Water & Sewer Utility 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 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 by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain rights if any debit does not comply with the 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 rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Customer Information (Please Print)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: (    )    - \_\_\_\_\_

Account(s) Number: \_\_\_\_\_

Account(s) Address: \_\_\_\_\_

These services are for (check one)       Personal       Business use

**Banking Information (Please include a void cheque)**

Account Number: \_\_\_\_\_

Branch & Transit Number: \_\_\_\_\_ (Branch – 5 digits; Institution – 3 digits)

Financial Institution: \_\_\_\_\_ Address: \_\_\_\_\_

**Signature of Account Holder:**

**Signature of Joint Account Holder (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date \_\_\_\_\_