

# PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR PERSONAL/HOUSEHOLD PURPOSES

1 Payor's name and address – please print

**ROLL No:** \_\_\_\_\_

I/We warrant and represent that the following information is accurate.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Surname:	Given Name:
Street:		
Town	Postal Code:	Telephone Number:

Name of Payor's Financial Institution:		
Street:		
Town:	Postal Code:	Telephone Number:

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization").

I/We will inform the Town of Morinville, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee's name and address

Name of the Payee (the "Payee"):			
Town of Morinville			
Street: 10125-100 <sup>th</sup> Ave	Town: Morinville	Province: Alberta	
Postal Code T8R 1L6	Telephone (780) 939-4361	Fax Number: (780) 939-5633	

3. I/We acknowledge that the Authorization is provided for the benefit of the Town of Morinville and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/we hereby authorize the Town of Morinville to issue Pre-Authorized Debits (as defined in the Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose:  
  
\_\_\_\_\_
6. I/We may cancel the Authorization at any time upon **providing 5 working days written notice** to the Town of Morinville.
7. I/We acknowledge that provision and delivery of the Authorization to the Town of Morinville constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Town of Morinville, regardless of the method of delivery, constitutes delivery by me/us.

8. The Town of Morinville will provide to me/us, at the address provided in section 1:
  - a) With respect to the fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);
  - b) With respect to variable amount PADs' written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of **every** PAD; and
  - c) With respect to a PAD plan that provides for the issuance of a PAD in response to direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Town of Morinville to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 Rule H4, no notice is required.
  
9. The Town of Morinville my issue a PAD \_\_\_\_\_ in a dollar amount up to a maximum of \$ \_\_\_\_\_.  
(insert frequency of debits)
  
10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars in the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Town of Morinville on the account.
  
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Town of Morinville. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
  
12. I/We may dispute a PAD only under the following conditions:
  - i. The PAD was not drawn in accordance with the Authorization;
  - ii. The Authorization was revoked; or
  - iii. Pre-notification, as required under section 8 was not received.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either i, ii or iii took place, must be complete and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

I/We acknowledge that when disrupting any PAD beyond the time allowed in this section it is a matter to be resolved solely between me/us and the Town of Morinville, outside the payments system.

13. I/We agree that the information contained in the Authorization may be disclosed to the Town of Morinville Bank as required to complete any PAD transaction.
14. I/We understand and accept the terms of participation in this PAD plan.

**CANCELLATION OF THIS POLICY IS YOUR RESPONSIBILITY. IT IS NOT THE RESPONSIBILITY OF A LAWYER WORKING ON YOUR BEHALF OR ANY OTHER THIRD PARTY.**

SIGNATURE

DATE

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