



Box 178 • Aberdeen, SK • S0K 0A0

HIGHWAY 41 WATER UTILITY

P.O. BOX 178 ABERDEEN, SK S0K 0A0

Phone: 306- 253-3364 Fax: 306- 253-3365 E-mail: h41wuadmin@gmail.com

PRE-AUTHORIZED DEBIT(PAD) PLAN AGREEMENT

DATE: _____

I/We authorize Highway 41 Water Utility and the Royal Bank of Canada (or any other financial institution I/We may authorize at anytime) to begin deductions as per my/our instructions for monthly regular recurring payments for payment of all charges arising under my/our water billing account with the Highway 41 Water Utility.

PLEASE PRINT:

Name(s): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

FINANCIAL INSTITUTION (FI): _____

FI Address: _____

FI City/Town: _____ FI Province: _____ FI Postal Code: _____

FI Account Number: _____

FI Route _____ and Transit Number: _____

Or attach a "VOID" Cheque

WATER BILLS: Regular payments for the full services delivered will be debited from my/our specified account the **25th day** following a water billing period. The highway 41 Water Utility will provide a minimum 10 days written notice of the amount of each regular debit.

This authority is to remain in effect until Highway 41 Water 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 above. The Highway 41 Water Utility may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this Agreement. i.e. – 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 sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Authorized Signature(s):

Signor

Christine Meachem, Administrator