



Town of Mossbank PAD Agreement

Customer Information:

Name(s): Email:
Address: City: Province:
Postal Code: Phone Number:

Payment Terms:

What are the pre-authorized payments for:

Amount(if variable, please indicate): Variable

Payment Frequency:

Weekly Bi-Monthly Monthly Quarterly Semi-Annually Annually

Please attach a void cheque or fill out account details below:

Branch transit no.

Account no.

Institution ID no.



Pre-Authorized Debit Terms

Financial Institution

Pre-authorized debits will be processed by Conexus Credit Union through CAFT on behalf of the Town of Mossbank.

Fees

I/we acknowledge that I/we will be charged a \$0.50 processing fee for any CAFT Pre-Authorized Payment.

By signing this form, I/we agree to be responsible for any NSF(non-sufficient funds) fees charged by the financial institution if a payment fails due to insufficient funds in the account, and that such fees may be applied in addition to the original payment amount.

Recourse

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 more information about your recourse rights, you can visit www.payments.ca.

Cancellation

This authority is to remain in effect until the Town of Mossbank 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. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at www.payments.ca.

Authorization

I/we authorize the Town of Mossbank to debit my/our bank account as outlined in the terms above.

Signature(s)

Date