



PRE-AUTHORIZED DEBIT FOR UTILITY ACCOUNT PAYMENTS

Never miss a discount date again! This form may be used to authorize the automatic bank withdrawal (called a Pre-Authorized Debit or PAD) for amounts billed to you for utility user fees. PAD's will be processed by the Regional District on the discount due date.

1. I/We authorize the REGIONAL DISTRICT OF NANAIMO and my/our noted Canadian bank/financial institution 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 PAD (pre-authorized debit)
2. I/We acknowledge that it is my/our sole responsibility to notify the REGIONAL DISTRICT OF NANAIMO of any changes to my/our bank/financial account, street mailing address or e-mail address.
3. PAD agreements may only be changed or terminated in writing under signature of the original applicant. The Regional District will accept a change/termination request by fax with the original applicant signature(s) for this purpose.
4. The REGIONAL DISTRICT OF NANAIMO 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 amounts directly to the REGIONAL DISTRICT OF NANAIMO using methods that may be in effect at that time.
5. 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 (e-mailing) procedures followed by the REGIONAL DISTRICT OF NANAIMO. Failure to deliver a Notice of Payment does not relieve me/us of our obligation to pay the amount owing under this agreement.
6. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Authorization, or that any purpose for which the PAD was issued has been fulfilled by the REGIONAL DISTRICT OF NANAIMO, as a condition to honouring a PAD issued by the REGIONAL DISTRICT OF NANAIMO on my/our account.
7. I/We may dispute a PAD withdrawal only under the following conditions:
 - a. I/We never provided authorization to the REGIONAL DISTRICT OF NANAIMO;
 - b. The PAD withdrawal was not drawn in accordance with my/our authorization;
 - c. My/Our authorization was revoked; or
 - d. The withdrawal was posted to the wrong Canadian bank/financial institution due to incorrect financial information supplied to the REGIONAL DISTRICT OF NANAIMO.
8. I/We acknowledge that in order to be reimbursed, a declaration to the effect that either a), b), c) or d) took place must be completed 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.
9. I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the REGIONAL DISTRICT OF NANAIMO, outside the payment system.
10. I/We agree that the PAD information contained in this Authorization may be disclosed to any current banking institution used by the REGIONAL DISTRICT OF NANAIMO for the purposes of making these pre-authorized withdrawals.

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COMPLETE THIS SECTION REGARDING YOUR ACCOUNT INFORMATION

Please Print

Service location address:			
Last Name	First Name	Account Number	

Mailing Address			
City	Province/State	Postal Code/ZIP Code	Daytime Telephone Number

A. COMPLETE THIS SECTION TO ALLOW THE PRE-AUTHORIZED DEBIT OF ACCOUNT PAYMENTS (PAD):

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

Name of Canadian Banking/Financial Institution		
Street Address of Banking/Financial Institution		
City	Province	Postal Code
Bank Account Number		
Institution No.	Transit No.	Account Number

Please attach a cheque marked VOID to this PAD authorization. If you do not have a chequing account, please have the above noted information completed by your banking institution.

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the Authorization below.

I/We acknowledge that this constitutes delivery by me/us to the noted Canadian bank/financial institution.

Please Note: Continue to make payments in the normal manner until the following message appears on your bill “Please do not pay. The amount will be withdrawn from your account on the discount due date.”

Signature

Signature

Date: _____

Please mail this form to the address noted above OR email to FINANCE@RDN.BC.CA