



Excel	_____
RBC	_____

START WITH: _____
BILLING (Office Use Only)

DUNDURN RURAL WATER UTILITY

PO BOX 442 DUNDURN SK SOK 1K0

Phone: 306- 492-2566

Fax: 306- 492-2564

E-mail: drwu@sasktel.net

PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT

DATE: _____

I/We authorize Dundurn Rural Water Utility and the Royal Bank of Canada (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly/quarterly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our water billing account with the Dundurn Rural 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

Dundurn Rural Water Utility will provide a minimum 10 days written notice of the amount of each regular debit.

QUARTERLY WATER BILLS: Regular payments for the full amount of services delivered will be debited from my/our specified account on or about the **23rd day** of the month following a water billing period.

MONTHLY WATER BILLS: Regular payments for the full amount of services delivered will be debited from my/our specified account on one of the below dates following a water billing period.

16th Monthly
 23rd Monthly

*****FINAL BILLS:** Final Bills will be debited from your Bank Account 1 day after final bill is issued.

This authority is to remain in effect until Dundurn Rural 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 Dundurn Rural 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): _____
