

TOWN OF EDSON

PO Box 6300
Edson, AB T7E 1T7
Phone: 780-723-4401
Fax: 780-723-8617

Please complete the Pre-Authorized Debit (PAD) Plan agreement below:

I/We authorize the Town of Edson, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Edson account(s). Regular monthly payments for the monthly tax installment will be debited to my/our specified account on the 1st day of each month (or the next business day). The exception will be the payment due in January, whereby the transaction will be processed on the 10th of the month (or the next business day). The Town of Edson will provide ten (10) days written notice of any change to the amount of the regular debit. The Town of Edson will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until The Town of Edson 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 below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Town of Edson 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. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Any payment returned will incur a \$20.00 administration fee and may result in the termination of the payment plan and all outstanding taxes becoming due immediately and subject to penalties.

PLEASE PRINT

Name(s): _____ Town of Edson
Tax Roll #: _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone #: _____ Work: _____ Cell: _____

PLEASE PRINT or ATTACH VOID CHEQUE

Financial Institution: _____
Account #: _____ Transit #: _____ Bank #: _____
Branch Address: _____
City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature: _____ DATE: _____