



Town of Black Diamond
 Box 10, Black Diamond, Alberta T0L 0H0
 Phone: (403) 933-4348 Fax: (403) 933-5865
 Email: tax@town.blackdiamond.ab.ca

AGREEMENT FOR PREAUTHORIZED UTILITY ACCOUNT PAYMENT

UTILITY ACCOUNT #: _____ CIVIC ADDRESS: _____

APPLICANT(S) NAME: _____

TELEPHONE: HOME _____ WORK / CELL _____

APPLICANT(S) MAILING ADDRESS _____ CITY, PROV. _____ POSTAL CODE _____

Payments will be made by: Automatic withdrawal

****PLEASE ATTACH A VOID CHEQUE OR FORM FROM YOUR BANK****

I/We acknowledge the right for the Town of Black Diamond to cancel my/our participation in the payment plan(s) if any payments are not honoured by the participant's bank.

I/we authorize The Town of Black Diamond, 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 bi-monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Black Diamond Utility account(s). Regular bi-monthly payments for the full amount of the current utility levy will be debited to my/our specified account on the 15th day of the month in which the bill is due. The Town of Black Diamond will provide at least 10 days written notice of the amount of each regular debit.

The Town of Black Diamond will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until The Town of Black Diamond 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. 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 Black Diamond may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 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 this 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

APPLICANT(S) SIGNATURE _____ DATE _____

TERMS AND CONDITIONS

If the above property is sold or title is transferred, it is the responsibility of the participant to inform the Town of Black Diamond, in writing, at least two (2) weeks in advance of the next payment.

The personal information on this form is being collected under section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIPP) and may be used to manage utility accounts. Should you have any questions or concerns, please contact the FOIP Coordinator for the Town of Black Diamond at (403) 933-4348, or email info@town.blackdiamond.ab.ca