



Pre-Authorized Payment Plan (PAP) Options:

This authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process our account in accordance with the rules of Canadian payments association (the "CPA").

INSTRUCTIONS

Please complete all sections to instruct your Financial Institution to make payments directly from your account. Fax or Mail to the Cardston County. Fax (403) 653-1126. Mailing address P.O. Box 580 Cardston, Alberta T0K 0K0

Customer (Account Holder) INFORMATION (please print clearly)		
NAME:		
MAILING ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TELEPHONE NO.:	ROLL NUMBER:	Personal Business

Please choose one: Bank Account (please provide void cheque) Utilities
 Taxes

Frequency and Amount of Debits:

I hereby authorize Cardston County to initiates monthly electronic debits, commencing _____ and continuing each month thereafter, and for the financial institution specified by me to pay the amount from my chequing or savings accounts. A debit in the electronic form in amount of \$ _____ will be drawn on our account as selected on the 5th of every month.

Accuracy and Changes in Account Information:

By signing this authorization, we certify that all information contained in this form is accurate and we agree to inform the Cardston County, in writing, of any change in the information provided prior to the next due date of the PAP.

Recourse / Reimbursement:

We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca.

Cancellation of Arrangement

This authorization may be cancelled at any time upon notice by us to the Cardston County 30 days prior to the PAP being issued. A Payer's PAP shall also advise that the Payer may obtain a sample cancellation form, or further information on their right to cancel a PAP, at their financial institution or by visiting www.cdnpay.ca

Pre- Notification wavier:

We agree with the Payee to waive the requirement under the CPA rules to receive a written pre-notification prior to each PAP as set out in the rules.

Dated this _____ Day of _____ 2 _____

Authorized Signatory

Name (Please Print)