



City of Campbellton Pre-Authorized Debit (PAD) Agreement

1. Customer Information :

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

City of Campbellton Account Number: _____

2. Bank Account Information (please include a void cheque):

Account Number: _____

Branch Transit Number: _____ Financial Institution Number: _____

Chequing Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize the City of Campbellton to debit the bank account identified above on the 1st of every month or the next business day.

These services are for (check one) Personal Business

Water & Sewer Collection of Refuse Other: _____

Frequency of withdrawals: Monthly Quarterly Annually

Amount of withdrawal: \$ _____

Effective Date of 1st withdrawal: _____

This authority is to remain in effect until the City of Campbellton has received written notification from you of its change or termination. This notification must be received at least (10) days before the next debit is scheduled.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail or fax to: City of Campbellton
P.O. Box 100
Campbellton, New Brunswick E3N 3G1
Tel: (506)789-2700 Fax: (506)759-7403

*****Please be advised all withdrawal amounts will be automatically adjusted according to the city bylaw's annual review.*****