



Pre-Authorized Debit Agreement

Payor Financial Institution Information

Payor Name:			
Payor Address: (Civic Address and PO Box #)			Email Address
Town	Province	Postal Code	Phone Number
Name of Financial Institution			
Transit Number		Institution Number	Account Number
Branch Location (Street Address, PO Box)			
City/Town	Province	Postal Code	Country

Payee Information

Payee Name Town of Outlook			
Payee Address (Street Address, PO Box) 400 Saskatchewan Avenue West Box 518			
Town Outlook	Province SK	Postal Code S0L 2N0	Country Canada
Business Telephone 1(306)867-8663	Fax 1(306)867-9898		Email townofoutlook@sasktel.net

Frequency of Payments will be monthly (on or about the 15th business day of the month)

First Payment Starting: _____ 15th, _____.

Office Use only:

Other Withdrawal Reason: _____ Frequency of Payment: _____



Please specify whether the payment is a:

Fixed Amount (Specify fixed amount) **Variable Amount** (specify if max. amount)

Utility Acct #	Amount:
Tax Acct #	Amount:
General Acct #	Amount:

Initial here to waive advance notification of amount prior to withdrawal

Payor's PAD Agreement

Pre-Authorized Debit Plan Authorization

1. I/We acknowledge that this authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits (PADs) against the Account with Processing Institution in accordance with the rules of the Canadian Payments Association (the "CPA Rules")
2. By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the Terms and Conditions on page 2, acknowledges understanding the Terms & Conditions of this Agreement and agrees to be bound by the terms & conditions of this Agreement.
3. I/We warrant and guarantee that the person(s) whose signatures are required to sign on the account have signed the authorization

Date: _____
Payor 1
Payor 2 (if required)

Acceptance by: Town of Outlook Representative: _____



Utility and Tax Billing Pre-Authorized Debit Terms & Conditions

By enrolling in the Utility Billing Pre-Authorized Payment Plan you authorize the Town of Outlook to automatically withdraw deductions from your financial institution to allocate funds to your utility or Tax accounts.

Pre-Authorized Payment Plan – The amount of the bill is automatically withdrawn on the 3rd of each month. You will continue to receive a copy of your bill for your records.

Missed payments – If funds are not available when payment is to be withdrawn, You will receive written notification of the bank returned item and a request to pay the amount. After two (2) such dishonored payments, you will be removed from the Plan and at that time we will request full payment of your total outstanding utility bill plus any penalties.

If you change banking information – You must notify the Town of Outlook in writing and provide a “void” cheque or pre-authorized payment form showing the new account number. To ensure your withdrawal is taken from the new account, we must receive your new banking information two (2) weeks before the next payment is due.

To terminate – To terminate from the Plan, you must notify the Town of Outlook two (2) weeks prior to the next payment.

If you move – Pre-Authorized Payment Plan is not automatically transferred. If you wish to have Pre-Authorized Payment Plan on your new account, you must notify us immediately.

To apply – Fill in and return the attached form. A void cheque must be attached to the application. (Write VOID in ink in large letters across the face of the cheque.)
If you do not have a chequing account, see your financial institution for a pre-authorized payment form. The water account must be current to qualify for this program.

