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Website: www.whitesandsab.ca
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Please complete the Pre-Authorized Debit (PAD) Plan agreement below

I/we authorize The Summer Village of White Sands, 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 payments of all charges arising under my/our The Summer Village of White Sands account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specific account on the 1st day of each month.

This authority is to remain in effect until The Summer Village of White Sands has received **written notification** from me/us of its changes 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.payments.ca.

The Summer Village of White Sands 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 rights 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.payments.ca.

If payment comes back as insufficient funds, this PAD Agreement becomes null and void. Additional charges may be applied to outstanding balance (NSF fees, tax penalties, etc.)

PLEASE PRINT:

DATE: _____

Name(s): _____ Tax Roll #: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Financial Institution (FI): _____

FI Account #: _____ FI Transit #: _____

(Branch – 5 digits; FI – 3 digits)

Or attach a VOID cheque

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

The personal information provided as part of this application is collected under the authority of the Municipal Government Act (MGA) and Section 33 (c) of the Freedom of Information and Protection of Privacy Act (FOIP), and it will be protected under Part 2 of the FOIP Act. The personal information collected on this form will be used solely to administer and process tax information for the Summer Village of White Sands. Questions regarding the collection and use of personal information may be directed to: FOIP Coordinator, Summer Village of White Sands, PO Box 119, Stettler, AB, T0C 2L0; 403.740.1572 or by email at cao@whitesandsab.ca.