Customer Authorization for Preauthorized Payment
For TAX OR UTILITY ACCOUNTS
With the City of Moose Jaw

Customer Information (Please Print Clearly)

Name:_____

Property Tax Account Number: ☐☐☐☐☐☐☐☐☐

Utility Account Number: ☐☐☐☐☐☐☐☐ ☐☐☐ Route #:_____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Customer's Bank Information

Withdrawal Account Number: ☐☐☐☐☐☐☐☐☐☐

Branch Transit Number: ☐☐☐☐☐ Type of Acct:

Financial Institution Number: ☐☐☐☐ Chequing Acct ☐ Savings Acct ☐

Financial Institution Name: _____ Personal ☐ Business ☐

Address: _____

Pre-Authorized Debit Details

I authorize the City of Moose Jaw to debit the bank account identified above for the amounts indicated, starting on the date indicated:
Starting : _____/_____/_____

Property Tax Amount: $ _____ (TIPPS) Debit Account On: ☐ 1st ☐ 15th

Utility Account Amount $ _____ (WIPPS) (Debit will always be on the 1st business day of the month)

(Initial) _____ ***The undersigned(s) agrees to waive the right to receive pre-notification of the amount of the PAD and agrees that you do not require advance notice of the amount of PADs before the debit is processed.***

Cancellation

Your Payor's PAD Agreement may be cancelled provided notice is received a minimum of 10 business days before the next scheduled PAD. If any of the above details are incorrect, please contact us immediately at (306) 694-4400. You have certain recourse rights if any debit does not comply with the terms indicated above. For example you may have the right to receive a reimbursement for any PAD 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

Signature of Account Holder: Signature of Joint Account Holder

_____ ____/___/___ Date _____ ____/___/___ Date

_____ (Please Print Name) _____ (Please Print Name)