

Pre-Authorized Debit Payment Authorization

Please provide us with a sample cheque marked **VOID** along with this completed form. Upon completion, please email to eft@fortstjohn.ca, fax to **250-787-8191**, mail to or hand deliver to City Hall at the address above.

Please complete all required information as identified by *

*UTILITY ACCOUNT NUMBER(S):

*or TAX ACCOUNT NUMBER(S): MONTHLY INSTALLMENT: \$

*ACCOUNT HOLDER NAME:

*MAILING ADDRESS:

*HOME TELEPHONE: 2nd CONTACT TELEPHONE:

Financial Institution Information	Type of Service (please circle):	Personal / Business
*FINANCIAL INSTITUTION (FI):	*FI BRANCH #: _ _ _ _ _	
*FI ACCOUNT NUMBER:	*FI TRANSIT #: _ _ _	
*FI ADDRESS:		
A sample cheque marked VOID has been enclosed (for FI account payment only). *Signature and date required below:		
*SIGNATURE:	*DATE:	
SIGNATURE (*if joint account):	DATE:	

I/we authorize The City of Fort St John, 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 payment of all charges arising under my/our City of Fort St John Utility account(s) and/or Property Tax account(s). Payments to your Utility account(s) will be processed on the last day of each month. Monthly installment payments to your Property Tax account(s) will be processed on the second (2nd) day of each month

This authority is to remain in effect until the City of Fort St John has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. 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.cdnpay.ca.

The City of Fort St John may not assign this authorization, whether directly or indirectly, by operation of law, change of control, or otherwise, without providing at least ten (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 the right 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.cdnpay.ca.