



Pre-Authorized Debit Agreement

Payor's Information (Please Print Clearly)		Payor's Roll No.
1	Payor's Name:	Payor's Roll No.
	Urban Address:	Payor's Roll No.
	Legal Land Description:	Payor's Roll No.
	Mailing Address:	Payor's Roll No.

Payor's Financial Institution Information	
2	Account Number:
	Transit/Branch Number:
	Financial Institution Number:

Pre-Authorized Debit Details	
3	You, the payor, authorize the Municipal District of Peace No. 135 to debit the bank account identified above for the amount of \$ _____ on the 1st of every month, or the next business day (if the 1st of the month is not a business day). You the payor confirm that you have authority under the terms of your account agreement to authorize this debit.
	These services are for (check one) - Personal <input type="checkbox"/> Business <input type="checkbox"/>

Account Holder(s) Signature	
4	Signature of Account Holder:
	Signature of Joint account Holder (if applicable):
	Name (please Print):
	Date:

Recourse Information	
5	You, the Payor, may revoke your authorization at any time by contacting the MD of Peace No. 135 Tax Department, at 780-338-3845. However, please be aware that the MD requires two weeks notice to cancel the automatic withdrawal. Therefore, Payors wishing to cancel their enrollment in TIPPS, must do so prior to the 15th of the month immediately preceding in order for the withdrawal to be cancelled in time. Anyone who withdraws from the program will not be eligible to re-enroll until the next calendar year.
	To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement contact your financial institution or visits www.payments.ca . The MD of Peace may also cancel this agreement on not less than 30 days notice to you. 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 not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or www.payments.ca .

Payee Information	
6	Municipal District of Peace No. 135
	5240-52nd Ave, PO Box 34, Berwyn Alberta, T0H 0E0
	Phone: (780) 338-3845, Email: finance@mdpeace.com

On Behalf of the MD of Peace No. 135 (office use only)			
7	Signature:	Date:	
	Signed by:	Position:	