



UTILITIES PRE-AUTHORIZED PAYMENT PLAN

OWNER(S): _____ Account #: _____

CIVIC ADDRESS: _____ PHONE NO.: _____

STARTING DATE: _____ VARIABLE AMOUNT: Balance owing per invoice (billed every trimester)

We hereby authorize: _____ Institution No.: _____
(NAME OF FINANCIAL INSTITUTION)

Transit No.: _____ Account No.: _____

Account Type: Chequing Savings PAD Category: Business Personal

The utility payer's pre-authorized cheque will be drawn and presented for payment **on or after the due date shown on the notice sent to the utility payer, to cover the payment(s) due in such month on the utility payer's account.** All payments are to be made to the District of North Saanich. I understand that payments through this program are non-refundable. In case of a sale of the property, any credit balance in the account will be adjusted by the lawyers and thus purchased by the new owner.

I/We may revoke my/our authorization at any time, subject to providing a completed modification/cancellation form from me/us of its change or termination. This notification **must be received by the last day of the month prior to the next scheduled payment.** To obtain a modification/cancellation form or more information, I/we may contact the District of North Saanich by phone at (250) 656-0781 or email at admin@northsaanich.ca. I/we acknowledge that this cancellation does not terminate any obligation that I/we have with the District of North Saanich.

Your treatment of each payment shall be the same as if I/we have personally directed you to pay as indicated and charge the amount specified.

The utility payer understands that the pre-authorized utility plan is for the convenience of the utility payer. The District of North Saanich relies on the representation constituted by this authorization that the utility payer's bank account shall be in good standing with sufficient funds to cover such pre-authorized cheques as they become due and payable.

I/We, have certain recourse right if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca

SIGNATURE(S): _____ DATE: _____

District of North Saanich
Finance Dept - Utility Billing
1620 Mills Road
North Saanich, BC V8L 5S9
(250) 656-0781 admin@northsaanich.ca

PLEASE ENCLOSE ONE OF YOUR CHEQUES MARKED VOID.