



Town of Naicam Pre-Authorized Debit (PAD) Application Form

Services are for: Personal Business

<input type="checkbox"/> Utility Billing UB Account Number: _____ UB Account Holder Name: _____	<input type="checkbox"/> Accounts Receivable AR Account Number: _____ AR Account Holder Name: _____	<input type="checkbox"/> Property Taxes Roll Number: _____ Roll Name: _____
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1. Customer Information (please print clearly)

Name: (last) _____ (first) _____

Mailing Address: _____

Phone Number: _____ Email: _____

2. Bank Information (please print clearly)

Deposit Account Number: _____ Bank Transit Number: _____

Financial Institution Number: _____ Account Type (check one): Chequing Savings

Financial Institution Name: _____

Branch Address: _____

Please note - a blank cheque marked "void" or a Pre-Authorized Debit Form from your bank MUST be attached to this form.

3. PAD Details

I/We, the Payor(s) authorize the Town of Naicam to debit the bank account identified above as follows beginning on the _____ day of _____, _____ ongoing until changed or cancelled.

Equalized payments: on the following date(s) (or the next business day). Check all that apply, the amount specified will be withdrawn on each of the date(s) checked below:

Utilities: In the amount of \$ _____

5th of every month
 15th of every month
 at the end of the month

Taxes: In the amount of \$ _____

5th of every month
 15th of every month
 at the end of the month

Accounts Receivable: In the amount of \$ _____

5th of every month
 15th of every month
 at the end of the month

Exact amount billed: (or the next business day). Check all that apply, the billed amount will be withdrawn on each of the date(s) checked below:

Utilities: Quarterly on March 15th, June 15th, September 15th, December 15th

Taxes: Annually on (select one):
 June 30th July 31st December 31st

Accounts Receivable: in the month of billing on the:
 5th of the month 15th of the month last day

Check each box I/We, the Payor(s): have read and understand the terms and conditions (see reverse), agree to abide by the terms and conditions of this agreement, and understand prepayments will NOT be refunded, **have waived the right to receive pre-notification of the amount of the PAD and agree that I/We, do not require advance notice of the amount of the PAD before the debit is processed including pre-notifications of any changes in amount due to change in applicable tax, top-up or adjustment,** warrant and guarantee that the person(s) whose signature(s) are required to sign on the account have signed this authorization, and consent to the disclosure of personal information contained herein to the financial institutions responsible for processing payments under this PAD for the purposes of processing payment under this agreement.

PRINT Account Holder Name	PRINT Joint Account Holder Name (if applicable)
Account Holder Signature	Joint Account Holder Signature (if applicable)
Date	Date See reverse side for Terms and Conditions

Terms and Conditions - Pre-Authorized Debit

General Terms and Conditions

1. **Cancellation** – This PAD Agreement may be cancelled provided written notice is received to the Town of Naicam at least seven (7) business days before the next scheduled PAD withdrawal by mail, fax, or by email to naicam.office@sasktel.net . Cancellation forms may be obtained from the Town of Naicam website townofnaicam.ca or by contacting the Town Office. Alternatively, to obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution.
2. **Contract for service/goods** - Revocation of this agreement or authorization does not terminate any contract for goods or service that exists between the town and Payor(s). This authorization only applies to the method of payment, and does not otherwise have any bearing on the contract for service or account of the Payor(s).
3. **Changes**- It is the Payor's responsibility to notify the Town of Naicam in writing of any changes to the banking information that your payment is to be debited from, within the same time frame as a cancellation (seven (7) business days before the next scheduled PAD).
4. **Agreement**- You the Payor(s) have certain rights if any debit does not comply with these terms. For example, you 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.
5. **Dishonoured Payments**: The dishonoured payment must be replaced with cash, money order, certified cheque or bank draft including Interac payment at the Town Office during regular business hours and will be subject to service charges as per the Town's NSF Policy.
6. **Funds**: All funds are in Canadian dollars.

Specific Terms and Conditions for Corporate Billings, Accounts Receivable- Credit & Collection Department PADs

1. **Monthly PAD** is (12) pre-authorized debits between January 1 and December 31. Your PAD monthly withdrawal amount will continue and be automatically adjusted to reflect the current year's charges/rates/rents, unless predetermined to remain static. This means your equalized payments for taxes may change once the taxes are levied for the year to ensure they are paid in full before the year end.
2. **To avoid penalties**: Payments must be made by the DUE DATE and you must pay any outstanding balance on your account by the due date.
3. **Interest**: Interest will be calculated on all past due accounts regardless of if a PAD is in place. Interest is generated at 2% monthly for accounts receivable and utilities and 10% each January 1st for property taxes.
4. Maximum annual prepayments are based on the previous year's net billings. Minimum monthly prepayments allowed for PAD are \$25.00 per month.
5. **Dishonoured Payments**: Dishonoured PADs may be terminated by the Town after one payment is dishonoured by the customer's financial institution. Customer MUST re-apply in writing to start the PAD deductions again if terminated.

Please retain these Terms and Conditions for your records.

For more information regarding Pre-Authorized Debit, contact the Town of Naicam at:

Town of Naicam
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Fax: 306-874-5444
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