

PRE-AUTHORIZED DEBIT FORM

ROLL NO:

ENROLLMENT
 CHANGE (Please only complete information to be changed)

CANCELLATION

Effective as of: _____

Customer Information:

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Home Phone: ()	Business Phone: ()	Email:

Payments are to be debited from the following account:

Financial Institution Name:		Financial Institution Address:	
City:	Province:	Postal Code:	Phone: ()
PAD Frequency:		Amount:	
Banking Information:			
Bank ID	Transit No	Bank Account No	

- Be sure to include a Void Cheque or Deposit Slip -

Authorization:

I/We hereby request and authorize TelPay Incorporated (Payment Processor) on behalf of the RM of Whitemouth to debit payments and service charges authorized by me/us from the chequing account specified by me. Notice of cancellation of this authorization may be made by me/us at any time, **in writing**. Such notice shall not have effect on debits made prior to cancellation.

**** NOTE:** If funds are not available, a NSF charge of \$25.00 will be applied. If three payments have been returned as NSF, your privileges to use these services will be cancelled and you will no longer be eligible to enroll in this program for a period of 12 months.

Customer Name: _____

Customer Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**** The Rural Municipality of Whitemouth warrants that it will maintain all information confidential and will use it exclusively for the purposes of affecting the payment services of TelPay. Personal information collected on this form is protected by *The Freedom of Information and Protection of Privacy Act* will be used only to respond to this request.**