

COUNTY OF ST. PAUL NO. 19

5015 – 49 Avenue, St. Paul, AB T0A 3A4 Phone: (780) 645-3301 Fax: (780) 645-3104 E-Mail: lpruneau@county.stpaul.ab.ca

Utility Pre-Authorized Debit Payment (PAD) Agreement

Nan	ne(s):	
	Owner ☐ Renter ☐	
Mail	ing Address:	
Pho	ne No: E-Mail	
Utili	y Account No:	
Prop	perty Address: Full Legal Lot Block Plan	
1.	I/We hereby authorize the County of St. Paul No. 19 and its Financial Institution to debit my account on the TWENTY FIFTH day of each month, for current utility charges (water, sewer) payable to the County of St. Pa No. 19 in respect to the above-mentioned Utility account. Actual charges will be withdrawn. Accounts will NOT be pro-rated.	.U
2.	A specimen cheque marked "VOID" or a Direct Debit Form, must be attached to this authorization.	
3.	This authorization may be cancelled at any time upon one-week written notice by either party, and all outstanding utility charges become due and payable and subject to penalties.	
4.	If two consecutive payments are returned NSF, the service will be terminated. All outstanding invoices then become due and payable and subject to penalties. A service charge may be levied on all returned payments	
5.	In the event of a sale of the above property, a renter moves out and is no longer responsible for the water bill or a change in banking information, I/We will notify the County of St. Paul in writing at least one week prior to the next due date to arrange for cancellation or to provide a new VOID cheque or a Direct Debit Form.	,
6.	At least one person whose signature is required to sign on this bank account has signed the agreement below	N
7.	Delivery of this authorization form to the County of St. Paul No. 19 constitutes delivery by the undersigned.	
	Signature	
	Date	

PLEASE NOTE:

• Utility account must be paid in full for eligibility in the plan.