



Pre-Authorized Payment Form

How to Fill Out & Submit

Pre-Authorized payments for Utility Billing or Taxes is available. A separate sheet is required to be filled out for each.

Please fill out the following sections:

PAYOR INFORMATION

Include all of the information requested. If you don't know the information requested, please contact your financial institution.

TRANSACTION INFORMATION

1. "Purpose of Payment" enter either 'Utility' or 'Tax'.
2. Select your Frequency of 'Monthly' or "Quarterly'.

Please note: all payments are due the 20th of the month.

3. Enter your 'First Due Date' you wish to begin pre-authorized payments. IE: 2020/04/20.
Leave the 'Last Due Date' blank.
4. 'Amount of Payment': Utility payments – Enter \$63.00/\$60.50 for monthly or \$189.00/\$181.50 for quarterly payments depending on your utility billing. Please call the office 306-362-2054 for the correct information for Tax Payments.

AUTHORIZATION

Sign and Date this of the form.

WAIVER OF PRE-NOTIFICATION

Sign and Date this section of the form.

Once completed, please email or fax **ALONG WITH A COPY(or photo) OF A VOID CHEQUE** to the Village Office below:

Email: denarebeach@sasktel.net Fax: 306-362-2257

Pre-Authorized Debit Agreement (Payor's PAD Agreement)

New Authorization: Cancellation Notice: Change to Existing:

Payee Information: Credit (Transfer to)

Account Holder(s) (the "Payee"): The Northern Village of Denare Beach

Address: P.O. Box 70 Denare Beach SK S0P 0R0

Account Information: Route: Transit: Account:

Payor Information: Debit (Transfer From) Please notify the payee immediately of any changes to account information

Account Holder(s) (the "Payor"): _____

Financial Institution: _____
("Processing Institution")

Address: _____

Address: _____

Phone Number: _____

Account Information: Route: Transit: Account:

ATTACH
VOIDED CHEQUE
HERE

Transaction Information:

Pad Type: Personal PAD
 ~~Special Transfer PAD~~
 Business PAD

CPA transaction Type: _____

Purpose of Payment: _____

Amount of Payment
Fixed: \$ _____

Variable: Not to exceed \$ _____

Frequency:

One Time
 Weekly
 Bi-Weekly
 Semi-Monthly 15th & last
 Monthly, Last Day

Monthly 20 day of month
 Quarterly 20 day of month
 ~~Semi-Monthly~~ day of month
 ~~Annual~~
 ~~Other~~

First Due Date / /

Last Due Date / /

Sporadic

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Signature of Payor: _____

Date: _____

Signature of Payor: _____

Date: _____

Note: If only one signature is required for the account, then only one Payor need sign. However, if two or more signatures are required then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

Signature of Payor: _____

Date: _____

Signature of Payor: _____

Date: _____

CANCEL PAYMENT (_____ days notice is required before the next PAD will be issued. Cannot exceed 30 days)

Signature of Payor: _____

Date: _____

Signature of Payor: _____

Date: _____