Morde

City of Morden 100 – 195 Stephen Street Morden, Manitoba, R6M 1V3 Telephone: (204) 822-4434 Fax: (204) 822-6494 Email: info@mymorden.ca

AUTOMATED FUNDS TRANS FER; PREAUTHOR IZED DEBITS AGREEMENT

FOR VERIFICATION PURPOSES, PLEASE ATTACH A PERSONAL CHEQUE MARKED "VOID".

Name:	
Address:	
Phone Number:	
Name of Financial Institution: Branch Address: City/Province:	Financial Institution #: (3-digit number) Transit #: (5-digit number) Account #:
U tility Bill – Quarterly	Utility Account #: Start Date:
<i>Please circle choice of payment schedule:</i> Property Tax – Annually or Monthly Amount per month:	Property Tax Roll #: Start Date:
I authorize any remaining annual balance to be withdrawn on the Due Date instead of the regular monthly amount: Yes or No	If No, City of Morden is not responsible for any interest charged due to non-payment of outstanding amount on due date.

I authorize the City of Morden to debit the bank account identified above and/or by void cheque for payment of Property Tax and/or the Utility Account as selected above. I understand and agree that I will be responsible for any costs that may be incurred to cancel, recall, or stop payment on this Direct Transfer. As well, any charges that result from not stopping this Direct Transfer will be my expense. This authorization may be cancelled at any time upon written notice to the City of Morden.

DATE:

SIGNATURE:

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

CANCELLATION OF AUTOMATED DEBIT

Please cancel the above noted automated funds transfer effective: ______

DATE: