



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

AUTOMATED FUNDS TRANSFER; PREAUTHORIZED DEBITS AGREEMENT

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

Name: _____

Address: _____

Phone Number: _____

Name of Financial Institution: _____ Financial Institution #: _____
 (3 digit number)

Branch Address: _____ Transit #: _____
 (5 digit number)

City/Province: _____ Account #: _____

Please select choice of payment schedule:

Utility Bill – Quarterly or Monthly Utility Account #: _____

Amount per month: _____ (8 digits plus -0) Start Date: _____

I authorize any remaining quarterly balance to be withdrawn on the Due Date instead of the regular monthly amount: Yes or No If No, City of Morden is not responsible for any interest charged due to non-payment of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.

If the remaining quarterly balance is a credit, I still would like the monthly amount to be withdrawn on the Due Date: Yes or No If No, the monthly amount withdrawal will continue the following month.

Please select choice of payment schedule:

Property Tax – Annually or Monthly Property Tax Roll #: _____

Amount per month: _____ 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I authorize any remaining annual balance to be withdrawn on the Due Date instead of the regular monthly amount: Yes or No If No, City of Morden is not responsible for any interest charged due to non-payment of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: _____ **SIGNATURE:** _____