



DISTRICT OF LANTZVILLE – Pre-Authorized Payment Agreement

This form may be used to authorize an automatic bank withdrawal called a Pre-Authorized Payment or (PAP) for amounts billed to you for your utility user fees. PAP's will be processed by the District of Lantzville on the due date indicated on your utility invoice.

PRE-AUTHORIZED PAYMENT TERMS AND CONDITIONS:

1. In this Authorization “I” and “we”, “us” and “our” refer to the bank account holder(s)/Payor(s) indicated on the reverse hereof.
2. I/We authorize the District of Lantzville and my/our noted Canadian bank/financial institution to withdraw from my/our account indicated on this form to cover payment in full for utility user fees billed to me from time to time and/or outstanding at the time of any billing-hereafter identified as PAP (pre-authorized payment). Further, in the event that any PAP is not honoured, due to non-sufficient funds (“NSF”) or other reasons other than our revocation of this Authorization or non-compliance of the PAP with this Authorization, we authorize the District of Lantzville to re-submit the PAP within 30 days of the date of dishonor and our Financial Institution to process such PAP **without any pre-notice to us or any other consent by us.**
3. I/We acknowledge that it is my/our sole responsibility to notify the District of Lantzville of any changes to my/our bank/financial account, street mailing address or email.
4. PAP agreements may only be changed or terminated in writing under signature of the original applicant within 30 days upon written notification. Signed faxed change/termination requests are acceptable for this purpose.
5. I/We understand that cancelling my pre-authorized agreement doesn’t cancel my contract for goods or services, or any amount owed. The cancellation applies only to the payment method.
6. The District of Lantzville may terminate this agreement at any time upon written notification (including email notice where applicable). Upon termination, notification of billed charges will be by regular mail. I/We will make payments for billed amounts directly to the District of Lantzville using methods that may be in effect at that time.
7. Notice of the Payment Amount and the Payment Date(s) will be delivered to me at least **10 calendar days before the Payment Date.** I/We recognize and agree that delivery of the Notice of Payment cannot be guaranteed and that delivery is made on a best efforts basis following the normal processing and mailing (emailing) procedures followed by the District of Lantzville. Failure to deliver a Notice of Payment does not relieve me/us of our obligation to pay the amount owing under this agreement.
8. I/We acknowledge that the Processing Institution is not required to verify that a PAP has been issued in accordance with this Authorization, or that any purpose for which the PAP was issued has been fulfilled by the District of Lantzville, as a condition to honouring a PAP issued by the District of Lantzville on my/our account.
9. I/We may dispute a PAP withdrawal to the District of Lantzville only under the following conditions:
 - a. I/We never provided authorization to the District of Lantzville;
 - b. The PAP withdrawal was not drawn in accordance with my/our authorization;
 - c. My/Our authorization was revoked; or
 - d. The withdrawal was posted to the wrong Canadian bank/financial institution due to incorrect financial information supplied to the District of Lantzville.
10. I/We acknowledge that in order to be reimbursed, a declaration to the effect that either a), b), c) or d) took place must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAP is dispute was posted to the Account.
11. I/We acknowledge that when disputing any PAP beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the District of Lantzville, outside the payment system.
12. I/We agree that the PAP information contained in this Authorization may be disclosed to any current banking institution used by the District of Lantzville for the purposed of making these pre-authorized withdrawals.



DISTRICT OF LANTZVILLE

PRE-AUTHORIZED PAYMENT FOR UTILITY ACCOUNTS

Personal information collected on this form, or provided with this form, is collected and protected in accordance with the *Freedom of Information and Privacy Act*, and will be used for the purposes of Financial Services program administration. Questions regarding the collection/use of this information should be directed to the Information and Privacy Officer at (250) 390-4006.

A. COMPLETE THIS SECTION REGARDING YOUR ACCOUNT INFORMATION:

PLEASE PRINT

Service Location Address		
Last Name	First Name	Customer Account Number (14 digits) -----
Mailing Address, if different from Service Address:		
City/Province	Postal Code	Phone

B. COMPLETE THIS SECTION TO ALLOW PRE-AUTHORIZED PAYMENT (PAP):

I/WE WARRANT AND REPRESENT THAT THE FOLLOWING INFORMATION IS ACCURATE:

Name of Canadian Banking/Financial Institution		
Street Address of Banking Institution		
City	Province	Postal Code
Bank Account Number ____	Transit No.(5 digits) ____	Account Number _____
Route (3 digits) ____		

Please attach a cheque marked VOID to the PAP authorization. If you do not have a chequing account, please have the above noted information completed and verified by your banking institution.

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below;

I/We acknowledge that this constitutes delivery by/me/us to the noted Canadian bank/financial institution; and,

I/We have read and acknowledge the Pre-Authorized Payment Terms and Conditions as listed on reverse hereof.

Please Note: Continue to make payment in the normal manner until the following message appears on your bill: **“Please do not pay. The amount will be withdrawn from your account on the due date.”**

Signature: _____ Signature: _____

Date: _____ Date: _____