

City of Edmonton Pre-Authorized Debit (PAD) Application Form

This PAD application form is for - Corporate Billings, Accounts Receivable (CBAR) & Credit & Collections (C&C)

City of Edmonton - Accounts Receivable (AR)

Other

P.O. Box 2600, AB T5J 5A1

Phone: 780.496.3414 Fax (secure line): 780.944.0296

1. Customer Information (please print clearly)

Name: (First) _____ (Last) _____

AR Account Number:

Address: _____

Daytime Phone Number: _____

Email: _____

2. Bank Account Information

Deposit Account Number

Bank Transit Number

Financial Institution Number

Account Type (check one)

☐ Chequing

☐ Savings

Financial Institution Name: _____

Branch Address: _____

Please note - a blank cheque marked "void" MUST be attached to this form

3. Pre-Authorized Debit (PAD) Details (check one)

☐ New

☐ Change

☐ Cancel

I/We, the Payor(s) authorize the City of Edmonton to debit the bank account identified above, on the 1st or the 15th of every month or the next business day. I/We, the Payor(s), have read and understand the terms and conditions (see reverse) and understand prepayments will NOT be refunded.

These services are for (check one)

☐ Personal

☐ Business

Monthly debit amount: \$ _____ beginning on the _____ of _____, 20 _____

Signature of Account Holder _____

Signature of Joint Account Holder (if applicable) _____

Name (please print) _____

Name (please print) _____

Date _____

Date _____

I/We, the Payor(s) have waived the right to receive pre-notification of the amount of the PAD and agree that I/We, do not require advance notice of the amount of the PAD before the debit is processed.

Account Holder(s) Initials _____

Complete and return form with your voided cheque by mail or fax to the AR address listed above or email to corporate.billing@edmonton.ca with the necessary attachments. Please keep a copy for your records.

AR Use Only

Business # _____ Partner # _____ Contract # _____

If PD Cheque: _____ Cheques removed from PD cheque log

_____ Cheques returned to client (if applicable)

AR Staff Initials _____

Date _____

See reverse side for Terms and Conditions

Terms and Conditions - Pre-Authorized Debit

General Terms and Conditions

- **Cancellation**- Your Payor's PAD Agreement may be cancelled provided written notice is received to the City of Edmonton's Accounts Receivable Department by the 22nd day of the month (7 business days before the next scheduled PAD) by fax to the secure line provided on the top of the application form or by email to corporate.billing@edmonton.ca . Cancellation forms may be obtained from the City of Edmonton website at [Corporate Billing and Accounts Receivable PAD Forms: City of Edmonton](#) or by contacting the Accounts Receivable Department. Alternatively, to obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.
- **Changes**- It is the Payor's responsibility to notify the Accounts Receivable Department in writing of any changes to the banking information that your payment is to be debited from, within the same time frame as a cancellation (7 business days before the next scheduled PAD).
- **Agreement**- You the Payor(s) have certain rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD 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.
- **Dishonoured Payments**: The dishonoured payment must be replaced with cash, money order, certified cheque or bank draft including Interac payment at the HSBC Bank Place, 5th floor, 10250 101 St. Weekdays 8am-4:30pm and will be subject to a service charge of \$25. This service charge may be increased in the future without notice.

Specific Terms and Conditions for Corporate Billings, Accounts Receivable- Credit & Collection Department PADs

- Twelve (12) pre-authorized debits between January 1 and December 1. Your PAD monthly withdrawal amount will continue and be automatically adjusted to reflect the current year's charges/rates/rents, unless predetermined to remain static.
- **To avoid penalties: Payments must be made by the DUE DATE and pay any outstanding balance on your account by the due date.**
- **Interest** (simple interest): Interest will be calculated on all late payments at 1.5% monthly and at 19.56% annually.
- **Maximum** annual prepayments are based on the previous year's net billings. **Minimum** monthly prepayments are \$25.00.
- **Dishonoured Payments**: Dishonoured PADs will be terminated by the City after one payment is dishonoured by the customer's financial institution. Customer **MUST re-apply** in writing to start the PAD deductions again.

Specific Terms and Conditions for Parking, Rents/Lease Office PADs

- **Monthly Payment**: The PAD will automatically debit your rental, parking, lease or other payment from the financial institution information you provided. The PAD will remain in effect until either terminated in writing by the Payor (tenant/lessee) or by the City due to recurring NSF payments. The rental or lease agreement shows the amount which will be deducted from your bank account. You will receive advance notice of any rent increase and the new monthly rent or lease payment debit amount will be adjusted automatically with no action required on your part.
- **Dishonoured Payments**: The dishonoured payment must be replaced with cash, money order, certified cheque or bank draft including Interac payment at the HSBC Bank Place, 5th floor, 10250 101 St. Weekdays 8am-4:30pm and will be subject to a service charge of \$25. This service charge may be increased in the future without notice. Please note that NSF payments are considered as late rent. Late, partial or NSF rent payments are a material breach of the rental agreement and are grounds for eviction.

Please retain these Terms and Conditions for your records.

For more information regarding Pre-Authorized Debit, contact the Accounts Receivable Department.

(See Application Form for full contact information)