



TOWN OF LUNENBURG
Pre-Authorized Payment ("PAD") Application Form - Electric and/or Water Utilities
Information/Inquiries: (902) 634-4410

CUSTOMER INFORMATION

Name: _____

Mailing Address: _____ E-mail: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone (home): _____ (work/cell): _____

ELECTRIC AND/OR WATER UTILITY ACCOUNT INFORMATION

| Account number(s) - from Electric and/or Water bill | Name on bill | Type of Service Business or Personal | |
|---|--------------|---|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

BANKING INFORMATION (attach a VOID cheque)

Account Number: _____ Branch Transit # _____ Bank # _____

Chequing ☐ Savings ☐ Name of Bank: _____

Address of Bank: _____

PAYMENT INFORMATION

I/We authorize the Town of Lunenburg to debit my/our account as outlined below. I/We (the customer) may revoke this authorization at any time, subject to providing written notice to the Town of Lunenburg 10 days prior to the next payment date. To obtain a sample cancellation form, or for more information on your right to cancel a Pre-authorized Debit Agreement ("PAD"), contact your financial institution or visit www.cdnpay.ca

- | | | |
|--------------------------|---------------------------|--|
| <input type="checkbox"/> | Full (Electric) | The full amount of the of the electric bill will be debited monthly from your bank account 2 business days prior to the due date (15 th of each month). |
| <input type="checkbox"/> | Monthly (Electric) | Please debit my account \$_____ 2 business days prior to the 15 th of each month. Overdue interest charges will be applied on any outstanding amount. |
| <input type="checkbox"/> | Full (Water) | The full amount of the water bill will be debited quarterly from your bank account 2 business days prior to the due date. Due dates are April 30 th , July 31 st , October 31 st , and January 31 st . |
| <input type="checkbox"/> | Monthly (Water) | Please debit my account \$_____ 2 business days prior to the end of each month. Overdue interest charges will be applied on any outstanding amount. |

IMPORTANT THINGS TO KNOW

- Interest will be charged on any overdue accounts.
- New applications and changes must be received 15 days prior to the next payment date to be included for that month.
- Any returned payment will void this agreement and subject the account to NSF charges, disconnection, and/or collection action.
- 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

Please return this Application Form to:

Town of Lunenburg
Attn: Finance Department
PO Box 129
Lunenburg, NS B0J 2C0 or fax to (902) 634-4416
cberringer@townoflunenburg.ca

Authorized Signature(s) _____

Date _____

For office use only:

Date rec'd

Rec'd by

Entered by

Entered date