



# Village of Donalda

PO Box 160  
5001 Main Street  
Donalda, AB T0B 1H0

Ph: 403.883.2345

Fx: 403.883.2022

**OFFICE HOURS:**  
Mondays & Tuesdays  
9am-4pm

## Pre-Authorized Debit (PAD) Agreement

Client Name: \_\_\_\_\_ Tax Roll # \_\_\_\_\_

I/we acknowledge that this authorization is provided for the benefit of ATB Financial (**ATB**) and the bank or other financial institution listed below and is provided in consideration of such bank or financial institution (**FI**) agreeing to process debits against my/our account in accordance with the rules of Payments Canada.

The debits authorized hereunder are for  Personal  Business purposes.

I/we hereby authorize ATB to issue PADs drawn on the following account (**Account**) of the undersigned at the other FI:

<input type="checkbox"/>	Cheque marked "VOID" attached	<input type="checkbox"/>	Direct Debit Form from another Financial Institution attached
Name of FI:			
Address:			
City Town:	Province:	Postal Code:	
Account Number:	Transit Number:		
Institution Number:			

The PADs authorized hereunder are for the purpose of making (**select one box**):

- Regular recurring payments/debits at set intervals ( **Set Interval PAD**);
- Sporadic payments ( **Sporadic Payment PAD**); or
- A one-time payment ( **One-Time PAD**)

**I understand that, if this authorization is provided in support of One-Time PAD, this PAD Agreement will no longer be valid once the payment is fulfilled.**

The Debits made under this PAD Agreement are to be made in respect of the following arrangements:  
\_\_\_\_\_

### For Regular Recurring Payments/Debits at set intervals:

Debit amount: \_\_\_\_\_  
Date of recurring debit: \_\_\_\_\_  
First debit commencing: \_\_\_\_\_  
Debit frequency (Circle One): MONTHLY                      SEMI-MONTHLY  
Debit particulars: \_\_\_\_\_



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I/we acknowledge that the debit amount noted above may be adjusted by ATB to reflect, among other things, a change in any applicable interest rate, any agreement or arrangement between ATB and me/us for a revised payment amount or any direction I/we provide to ATB (such as, but not limited to a telephone instruction) requesting ATB to issue a debit in a different amount in respect of the ATB Account (for example, a full or partial payment).

For debits that are sporadic debits (i.e., for debits that do not occur at set intervals and that are not One-Time PADs), I understand that ATB will obtain my/our authorization each time prior to initiating any such debit.

**I/we agree to waive the Payments Canada Pre-Notification requirements in respect of all debits drawn under this authorization.**

I/we further agree that if any payment is dishonored by the above-noted FI for any reason, then ATB shall be entitled to issue another debit in the same amount in substitution for the dishonored debit. ATB shall be under no liability whatsoever caused by a dishonored debit.

I/we warrant and guarantee that all persons whose signatures are required to sign on the above-noted Account have signed this authorization below, that all information with respect to the Account is accurate and I/we agree to inform ATB in writing, of any change in the above-noted Account information forthwith and, in any event, at least 10 business days prior to the next due date of a debit.

I/we acknowledge that the above-noted FI is not required to verify that a PAD has been issued in accordance with this authorization or that some precondition to payment has been met or satisfied.

I/we understand that I/we have certain recourse rights if any debit does not comply with this authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this authorization. To obtain more information on my/our recourse rights I/we may contact my/our FI or visit [www.payments.ca](http://www.payments.ca).

This authorization may be canceled at any time by written notice by the undersigned to ATB. Such notice shall be effective 10 days after receipt. To obtain a sample cancellation form, or for more information on the right to cancel this authorization, I/we understand that I/we may contact my/our FI or visit [www.payments.ca](http://www.payments.ca). This authorization applies only to the method of payment and I/we agree that revocation of this authorization does not terminate or otherwise have any bearing on my/our ATB Account. ATB may also cancel this PAD Agreement on not less than 30 days' notice to you/in accordance with Payments Canada Rule H1.

**ATB may assign this authorization, whether directly or indirectly, by operation of law, change of control, or otherwise, by providing at least 10 days' prior written notice to me/us.**

All persons whose signatures are required to sign on the Account have signed this authorization. When complete, please provide this form to:

The Village of Donalda

Box 160, 5001 Main Street

Donalda, AB T0B 1H0

Phone: 403-883-2345

Fax: 403-883-2022



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I/we understand that I/we can contact the Village of Donalda at the above address to make any inquiries, obtain information or seek any recourse rights.

\_\_\_\_\_  
Signing Authority

\_\_\_\_\_  
Signing Authority

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed