

# Pre-Authorized Debit Agreement for Utilities



I/we authorize the M.D. of Opportunity and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments an/or one-time payments from time to time, for payment of all charges arising under my/our M.D. No. 17 Utility account(s). **Regular monthly payments in the amount \$\_\_\_\_\_ will be debited to my/our specified account on the 15th day of each month.** The M.D. of Opportunity will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the M. D. of Opportunity No.17 has received written notification from me/us of its change or termination. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a Pre-authorized Debit (PAD) Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

The M. D. of Opportunity No. 17 may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any Pre-authorized Debit (PAD) that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First and last name

Address: \_\_\_\_\_  
Unit/ PO Box # Street Municipality Postal Code

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

MD of Opportunity Utility Account #: \_\_\_\_\_

Type of Service: Personal Business

Financial Institution (FI): \_\_\_\_\_

FI Account #: \_\_\_\_\_ FI Transit #: \_\_\_\_\_

(branch – 5 digits; FI – 3 digits)

Address: \_\_\_\_\_  
Unit/ PO Box # Street Municipality Postal Code

Authorized Signature(s) \_\_\_\_\_

## Wabasca Main Office

2077 Mistassiniy Road North Box 60 Wabasca, AB T0G 2K0  
1-888-891-3778 | [mdopportunity.ab.ca](http://mdopportunity.ab.ca)

