



Municipal District of Opportunity No. 17
Box 60
Wabasca, Alberta
T0G 2K0

Phone: (780) 891-3778

Fax: (780) 891-4283

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.

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

PLEASE PRINT

DATE: _____

Name(s): _____ M.D. No. 17 – Utility Account No: _____

Type of Service: Personal _____ Business _____

Address: _____

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

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ F1 Transit Number: _____ - _____

(branch – 5 digits; FI – 3 digits)

Address: _____

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

Authorized Signature(s): _____