



P.O. Box 970
515 Centennial Drive South
Martensville, SK S0K 2T0

Phone (306)931-2166
Fax (306)933-2468
www.martensville.ca

Utility Billing Pre-Authorized Payment Plan Information

By enrolling in the Utility Billing Pre-Authorized Payment Plan you authorize the City of Martensville to automatically withdraw monthly deductions from your financial institution to pay for your utility bill.

Pre-Authorized Payment Plan - The amount of the bill is automatically withdrawn on the 25th of each month. You will continue to receive your bill for your records.

Missed payments - If funds are not available when payment is to be withdrawn, the City of Martensville will apply a Bank Service Charge of \$ 15.00 to your utility account. You will receive written notification of the bank returned item and a request to pay the amount. After two (2) such dishonored payments, you will be removed from the Plan and at that time we will request full payment of your total outstanding water bill plus any penalties.

If you change banking information - You must notify the City of Martensville in writing and provide a "void" cheque or pre-authorized payment form showing the new account number. To ensure your withdrawal is taken from the new account, we must receive your new banking information two (2) weeks before the next payment is due.

To terminate - To terminate from the Plan, you must notify the City of Martensville two (2) weeks prior to the next payment.

If you move - Pre-Authorized Payment Plan is not automatically transferred. If you wish to have Pre-Authorized Payment Plan on your new account, you must notify us immediately.

To apply - Fill in and return the attached form. A void cheque must be attached to the application. (Write VOID in ink in large letters across the face of the cheque.) If you do not have a chequing account, see your financial institution for a pre-authorized payment form. **The water account must be current to qualify for this program.**

Payor's PAD Agreement

INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA's website: http://www.cdnpay.ca/rules/pdf_rules/standard_005.pdf. Go to Section E, Appendix 2, Transaction Types.
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days)

PAYOR/PAYEE INFORMATION (Mandatory)

Account Holder(s) Names(s) and Address(es) (the "Payor")

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

Payee Name and Address (the "Payee")

CITY OF MARTENSVILLE
BOX 970, MARTENSVILLE, SASK. S0K 2T0
306-931-2166 utilityclerk@martensville.ca

PAYMENT DETAILS Specimen cheque marked "VOID" attached

DESCRIPTION OF PAD	CPA TRANSACTION TYPE	PAYMENT TYPE (CHOOSE ONE ONLY) <input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	PAYOR ACCOUNT (the payor's account at the processing institution; the "Account") <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Institution</td> <td style="width: 33%;">Branch ID</td> <td style="width: 33%;">Account no.</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Institution	Branch ID	Account no.			
Institution	Branch ID	Account no.							
AMOUNT OF PAYMENT <input type="checkbox"/> VARIABLE: MAXIMUM AMOUNT \$ _____	DATES <input type="checkbox"/> Monthly beginning _____	PAYOR FINANCIAL INSTITUTION-NAME AND ADDRESS (The "Processing Institution") _____ PAYEE ACCOUNT (Payee's account for credit- complete if known) _____							

AUTHORIZATION

I/We acknowledge that this authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

conditions on page 2, acknowledges understanding the term and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2.

By signing this Authorization, the Payor acknowledges having received And having read a copy of this Agreement, including the terms and

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

X _____
 Payor Signature Date

X _____
 Payor Signature Date

Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (DOES NOT APPLY TO SPARADIC PADS)

I/We waive any and all requirements for pre-notification of debting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X _____ **X** _____
 Payor signature Payor Signature

CANCEL PAYMENT (15 DAYS NOTICE IS REQUIRED BEFORE THE NEXT PAD WILL BE ISSUED, CANNOT EXCEED 30 DAYS)

The Payor hereby cancels this Payor's PAD Agreement effective: _____

X _____
 Payor Signature Date

_____ Date