

## Pre-Authorized Payment Request Form

Fax (250) 352-6594

Customer Name	Electrical	Taxes	Water/Sewer
Address	\$ _____ Monthly Payment		
Name of Bank/Financial Institution			
Telephone (Home)	(Business)	Bank #      Transit#      Account#	
_____			

Please list additional account numbers here:

Electrical	Taxes	Water/Sewer	\$ _____ Monthly Payment	Service Address
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### Terms & Conditions:

1. I/we will notify The Corporation if the City of Nelson of any changes to my/our account information.
2. This agreement can be terminated upon written or verbal notification at any time by either the customer or The Corporation of the City of Nelson. If your bank returns more than two of your monthly PAD's because of non-sufficient funds, the City will terminate the Plan. Upon termination, payment of bills will be made to the City of Nelson in the normal fashion.
3. Items charged will be reimbursed subject to written notification by me/us to the branch of the bank/financial institution holding my/our account within 90 days under any of following conditions:
  - a) I/we never provided authorization to the Corporation of the City of Nelson;
  - b) The pre-authorization withdrawal was not drawn in accordance with my/our authorization;
  - c) My/our authorization was revoked; and
  - d) The debit was posted to the wrong account due invalid/incorrect account information supplied to The Corporation of the City of Nelson
4. When I/we and my/our account number changes but is still within the City of Nelson's jurisdiction, the preauthorized payment service may be moved to the new service address upon my/our request.

I/we, the undersigned, authorize the Corporation of the City of Nelson and my above noted bank/financial institution to debit my/our account indicated on the attached **VOIDED** cheque to cover payment to The Corporation of City of Nelson for charges provided to me under terms and conditions set out on this form.. I/we acknowledge that this constitutes delivery by me/us to the above noted bank/financial institution.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date