



GLENMORE-ELLISON IMPROVEMENT DISTRICT
445 Glenmore Road, Kelowna, BC, V1V 1Z6
Phone: 250-763-6506 Fax: 250-763-5688
Email: reception@geid.org webpage: www.glenmoreellison.com

Please complete the MONTHLY Pre-Authorized Debit (PAD) Plan agreement below.

I/We authorize Glenmore-Ellison Improvement District (GEID), and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for MONTHLY regular recurring payments from all charges arising under my/our GEID account(s). Regular MONTHLY payments for the full amount of services delivered will be debited to my/our specified account as per my authorization below. GEID will provide at least 10 days written notice of the amount of each regular MONTHLY debit.

This authority is to remain in effect until GEID has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

GEID may not assign the 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 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.

GEID Account Numbers (For Office Use Only)	
Quarterly Utility #	Annual Tax#
_____	_____

Service Address: _____

Name(s): _____

Mailing Address: _____
 (If different from Service) Street City

 Prov Postal Code Phone Cell

Type of Water Service: Personal: _____ Business: _____

DO NOT COMPLETE THIS SECTION IF SCANNING OR ATTACHING A VOID CHEQUE	
Financial Institution (FI): _____	
FI Account Number: _____	FI Transit Number: _____ - _____ <i>(Branch-5 digits; Bank-3digits)</i>
FI Address: _____	City: _____ Postal Code: _____

I want to pay my **Annual Infrastructure Renewal** tax bill (if applicable) on the 1st of December each year;
AND

I want to pay my **Commerical** water bill(s) by way of monthly payments to be withdrawn from my bank account on the 1st of each month.

 **Date:** _____ **Authorized Signature** _____  **Please ... SIGN HERE**

Forms must be emailed, mailed or dropped off by the 20th of the month