



GLENMORE-ELLISON IMPROVEMENT DISTRICT

445 Glenmore Road, Kelowna, BC., V1V 1Z6

Phone: 250-763-6506 Fax: 250-763-5688

Email: glenmore.ellison@shaw.ca webpage: www.glenmoreellison.com

Please complete the 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 quarterly regular recurring payments and/or annual payments from all charges arising under my/our GEID account(s). Regular quarterly payments or annual 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 or annual 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.

FOR GEID OFFICE USE ONLY:	
GEID Account Numbers:	
UB # _____	PT# _____
UB # _____	PT# _____

Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Info: (Phone) _____ (Cell) _____

(Email) _____

Type of Water Service: Personal: _____ Business: _____

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

Authorization of Payments – You will need to check two (2) boxes

I want to pay my **Irrigation** tax bill(s) on the 1st of December each year; **AND**

I want to pay my **Domestic** water bill(s) by way of quarterly payments to be withdrawn from my bank account on the 1st of March, June, September and December each year; **OR**

I want to pay my **Domestic** water bill(s) for the **entire year** on the 1st of March each year.

Date: _____ **Authorized Signature(s)** _____