



GLENMORE-ELLISON IMPROVEMENT DISTRICT

445 Glenmore Road Kelowna, BC V1V 1Z6

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Email: reception@geid.org

Website: www.glenmoreellison.com

Please complete the QUARTERLY 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 that I / we may authorize at any time) to begin deductions as per my / our instructions for quarterly regular recurring payments from all charges arising under my / our GEID account(s). Regular quarterly 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 quarterly 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.

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 recourse rights, I / we may contact my / our financial institution or visit www.cdnpay.ca.

GEID Account Numbers (For Office Use Only)

Quarterly Utility Number _____ Annual Tax Number _____

Service Address: _____

Name(s): _____

Mailing Address: _____

Street (if different from service address) _____ City _____

Province _____ Postal Code _____ Phone _____ Mobile _____

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: _____ - _____
(Branch - 5 digits) (Bank - 3 digits)

FI Address: _____ City: _____ Postal Code: _____

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 last day of January, April, July, and October.

Date: _____ Authorized Signature _____

**Forms must be emailed, mailed or dropped off at least 2 weeks prior to the next due date.
Quarterly Utility Due Dates: January 31, April 30, July 31, and October 31.
Annual Infrastructure/Irrigation Tax Due Date: December 1st.**

**Please ...
SIGN HERE**