



**GLENMORE-ELLISON  
IMPROVEMENT DISTRICT**  
glenmoreellison.com

**GLENMORE-ELLISON IMPROVEMENT DISTRICT**

445 Glenmore Road  
Kelowna, BC V1V 1Z6  
Phone: 250.763.6506  
Fax: 250.763.5688

Email: [reception@geid.org](mailto:reception@geid.org)

Website: [www.glenmoreellison.com](http://www.glenmoreellison.com)

Please complete the **MONTHLY** pre-authorized debit form 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 the 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 the specified account as per my authorization below. GEID will provide at least ten 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 myself 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 the right to cancel a PAD agreement at the financial institution or by visiting [www.cdnpay.ca](http://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 ten days prior written notice to myself.

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 the recourse rights, I / we may contact the financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

GEID account numbers (for office use only)

Commercial account number:

Annual tax account 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 the section below if including a VOID cheque**

Financial institution (FI):

FI account number:

FI transit number:

(Branch 5 digits)

(Bank 3 digits)

FI address:

City:

Postal code:

I would like to pay my **annual infrastructure renewal** tax invoice(s) (if applicable) on the 1<sup>st</sup> of December each year;

I would like to pay my **commercial utility water** invoice(s) with monthly payments to be withdrawn from the aforementioned bank account on the 1<sup>st</sup> of each month.

Date:

Authorized Signature:

Please note: Forms must be emailed to [reception@geid.org](mailto:reception@geid.org) or received no later than the 20<sup>th</sup> of the month.

Please ...  
SIGN HERE

