City of Humboldt
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Humboldt, SK S0K 2A0
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# W.I.P.P.S. –WATER INSTALLMENT PAYMENT PLAN

## Pre-Authorized Debit (PAD) Agreement

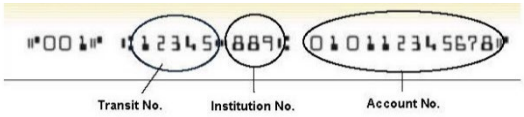
### 1. Customer Information (Please Print Clearly)

Name(s):_____

Street Address:_____ City of Humboldt Utility Account No.: ☐☐☐☐☐☐.☐☐

Phone Number:_____ E-mail:_____

### 2. Bank Account Information




Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐

Branch Transit No.: ☐☐☐☐☐

Financial Institution No.: ☐☐☐ ☐ Chequing ☐ Savings

Financial Institution Name:_____

Branch Address:_____

*(Please attach a copy of VOIDED cheque or bank information sheet.)*

### 3. Pre-Authorized Debit (PAD) Details

I/we authorize the City of Humboldt, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions for monthly regular recurring payments and/or one-time payments from time to time, on the 1st business day of each month beginning _____ 20_____, in the amount of:

☐ the actual amount of the monthly Utility bill OR: ☐ an estimated amount of your Utility bill

MAXIMUM PAYMENT amount of $_____

The City of Humboldt will provide 10 days written notice of the amount of each regular debit. The City of Humboldt will obtain my/our authorization for any other one-time or sporadic debits.

***I waive my right to receive pre-notification for the amount of the PAD charges and agree that I not require advance notice:*** ☐ **Yes** ☐ **No**

This authority is to remain in effect until The City of Humboldt 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 below. 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.payments.ca.

The City of Humboldt may not assign this 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.payments.ca.

| Signature of Account Holder: | Signature of Joint Account Holder: |
|---|---|
| _____ | _____ |
| Name: (Please Print) | Name: (Please Print) |
| _____ | _____ |
| Date: | Date: |
| _____ | _____ |

- **Payments dishonored as NSF are subject to a $40.00 service charge.**
- **After two (2) such dishonored payments, the Plan will be cancelled by the City Clerk, or the Utilities Clerk of the City of Humboldt.**
- **NO penalties will be levied on the outstanding balance.**
- **Account must be current to qualify for this program.**
- **In the event of a sale of the above noted property, or a change in bank account, it is the responsibility of the property owner to immediately notify the City of Humboldt at least 10 days prior to your next payment.**