



Mountain View COUNTY



SOLID WASTE COLLECTION PRE-AUTHORIZED DEBIT (PAD) APPLICATION

Our Pre-Authorized Payment Plan allows you to pay your Solid Waste Collection account(s) monthly. Your monthly payments are automatically withdrawn from your personal chequing or savings account on the tenth (10th) business day of each month. You are eligible for The Plan if your account(s) are not past due.

Return your completed application, along with a cheque marked "void" (if debiting your chequing account) to the Mountain View County Office. Payments dishonored by the bank are subject to penalties in the amount of 1.5% of the dishonored payment. After 2 dishonored payments, your plan may be cancelled by Mountain View County. Any applications received after the 1st of the month will have the first monthly payment withdrawn the following month.

If you wish to cancel service, it is your responsibility to notify the County Office and arrange for cancellation or transfer of your plan.

Questions? Please call the Mountain View County office at 335-3311.

NAME & ADDRESS

Last Name _____ First Name _____

Company Name (if applicable) _____

Mailing Address _____

City/Town _____ Province _____ Postal Code _____

e-mail address (optional) _____ Phone Number(s) _____

ACCOUNT INFORMATION (refer to your invoice)

Account Number _____ Additional Account Numbers: _____ Account Number _____ Account Number _____
(if necessary)

BANKING INFORMATION

Name of Financial Institution _____ Branch Address/Location _____

Bank Account No. _____ TransIt No.

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 Chequing Account Savings Account

1. I/We have attached a cheque marked "VOID" to this authorization (for chequing Accounts only). (✓)
2. I/We will inform Mountain View County, in writing, of any change in the information provided in this Authorization form prior to the next due date of the PAD.
3. I/We acknowledge that the Authorization is provided for the benefit of Mountain View County and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We am/are making application to pay current Solid Waste Collection account(s) with monthly Pre-Authorized Debits.
6. I/We may cancel the Authorization at any time upon providing written notice to Mountain View County at least 10 calendar days before the next payment date.
7. I/We acknowledge that provision and delivery of the Authorization to Mountain View County constitutes delivery by me/us to my/our financial institution. Any delivery of the Authorization to Mountain View County, regardless of the method of delivery, constitutes delivery by me/us.
8. Specific notification will be given for any changes in the PAD. At least 10 days notice will be given before the first modified PAD.
No notification will be given if fees related to non sufficient funds (NSF) payments are applied to the account.
9. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by Mountain View County as a condition to honouring a PAD issued or caused to be issued by the Mountain View County on the Account.
10. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and Mountain View County. The authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
11. I/We may dispute a PAD only under the following conditions:
 - a. the PAD was not drawn in accordance with the Authorization; or
 - b. the Authorization was revoked; or
 - c. pre-notification, as required under section 8 was not receivedI/We acknowledge that in order to be reimbursed a declaration to the effect that either (a), (b) or (c) took place, must be completed and presented to the branch of the financial institution holding the Account up to and including 90 calendar days in the case of a personal PAD, (or up to 10 business days in the case of business PAD) after the date on which the PAD in dispute was posted to the account.
I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and Mountain View County, outside the payments system.
12. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.
13. I/We have read, understand and accept the terms of participating in this PAD plan. I/We authorize Mountain View County to withdraw funds from my/our account according to the terms of this Authorization.

Signature _____

Date _____

The personal information requested on this form is being collected in order to process your application, and is governed by the Freedom of Information & Protection of Privacy Act (FOI/PP). If you have any questions with respect to the collection or release of this information, please contact the County Office.

The regulations for Pre-Authorized Debits were written in accordance to the Rules of the Canadian Payments Association. For further information, please visit the web site at www.cdnipay.ca or contact them by phone at (613) 238-4173.