

**VILLAGE OF RADIUM HOT SPRINGS
PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

1. Customer Information (Please Print Clearly)

Name: _____ Phone Number: _____
Street Address: _____ Email: _____
City: _____ Province: _____ Postal Code: _____

2. Bank Account Information

Deposit Account Number: _____ Branch Transit Number: _____
Financial Institution Number: _____ Chequing Account Savings Account
Financial Institution: Name: _____
Branch Address: _____

3. Pre-Authorized Debit (PAD) Details FOR TAX ACCOUNTS ONLY

ACCT # : Enter the LAST 8 DIGITS AFTER the 567 – include the decimal (ie. 01234.000): _____

You, the Payor, authorize the Village of Radium Hot Springs, to debit the bank account identified above, on the 21st of each month, or the next business day, as follows:

- 12 Equal monthly payments with a **system calculated** final payment in the 12th month to pay off (if applicable) the tax amount owing before the due date;
- Monthly, determined by you: \$ _____

Note: You are responsible for applying (if applicable) for the Home Owner Grant, by the tax due date, to avoid any penalties.

4. Pre-Authorized Debit (PAD) Details FOR UTILITY ACCOUNTS ONLY

ACCT #: Enter your 14 digit utility account number without the decimal ie. 000 01234567891 _____

You, the Payor, authorize the Village of Radium Hot Springs to debit the bank account identified above, on the 21st of each month, or the next business day, as follows:

5. Agreement Authorization

*The agreement is valid until terminated in writing by either party. You can join and withdraw at any time. If you change your bank account, please advise us and provide us with a new cheque marked "VOID" at least two weeks prior to the next payment date. If any payment is not honoured by your financial institution, a service charge will apply. **NOTE: IF THE PROPERTY IS BEING SOLD, IT IS THE OWNER'S RESPONSIBILITY TO INFORM THE VILLAGE, AT LEAST 30 DAY'S PRIOR, SO THAT THE PAD CAN BE CANCELLED.** Any refunds will be at the discretion of Village staff and administrative fees may be applied.*

Signature of Account Holder:	Signature of Joint Account Holder (if applicable):
_____	_____
Name: _____	Name: _____
Date: _____	Date: _____

Print, Sign and send this form via mail, email or fax, along with a **VOID CHEQUE** to:
Village of Radium Hot Springs
PO Box 340, Radium Hot Springs, BC V0A 1M0
F: 250-347-9068, P: 250-347-6455
Email: citizenselfservice@radiumhotsprings.ca