



Pre-Authorization Payment Agreement Form

Instructions: Please complete all sections (print clearly) and return with a cheque marked void.

Applicant(s)/Account Holder(s):

Name:	
Address: (box and street)	
Phone Number:	

Financial Institution Name: _____
(Please attach void cheque)

<table border="1"><tr><td></td><td></td><td></td></tr></table>				–	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Bank # (3 digits)		Branch# (5 digits)								

Account #														

Type of Payment:

Tax Account #:	
Utility Account #:	
Payment Start Date:	20th Day of _____, 20____

Payee:

Town of Magrath
Box 520
Magrath, Alberta
T0K 1J0

If you are moving or switching banks and wish to CANCEL your Pre-Authorized Withdrawal, you must contact the Town Office before the 10th day of the desired month, so as to allow sufficient time to process your request.

Terms and Conditions:

1. I (We) as the Applicant(s) and Account Holder(s) hereby authorize the Town of Magrath, as Payee to debit my (Our) account at the indicated branch of the Financial Institution, under Terms and Conditions agreed to be Me (Us) with the Town of Magrath as Payee. The Branch of the Financial Institution at which I (We) maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.
2. A debit in paper, electronic or other form in the amount of \$ _____ may be drawn from My (Our) account on the 20th day of each month beginning _____ 20__ which amount may be increased/decreased at a future date as agreed to in writing by Me (Us). The Town of Magrath as Payee, will to the best of their ability, advise Me (Us) in writing of the revised amount in advance of its effective date.
3. This authorization may be canceled at any time by Me (Us). I (We) will notify the Town of Magrath as Payee in writing of any changes in the Financial Institution or account information or termination of this agreement by at least the 10th day of the month of the next due date of the pre-authorized debit. Revocation of this agreement does not in any way terminate any other obligation(s) between the Applicant(s) and the Town of Magrath.
4. Any and all notices required will be sent the addresses provided herein.
5. The Applicant(s) may apply in writing to the Financial Institution for reimbursement if the debit is disputed.

Items charged will be reimbursed by the Financial Institution, subject to notification by the Applicant(s) to the branch of the account within 90 days of the transaction date subject to meeting any of the following conditions.

- a) I (We) never provided the authorization to the Payee.
 - b) The pre-authorized debit was not drawn in accordance with this authorization.
 - c) My (Our) authorization was revoked.
 - d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee
6. I (We) understand that a written declaration to this effort must be given by Me (Us) to My (Our) Financial Institution.
 7. I (We) the Applicant(s) hereby acknowledge that I (We) have read and understand and agree to the Terms and Conditions as contained herein.
 8. I (We) warrant that all persons whose signatures are required to sign on the account at My (Our) Financial Institution have signed this agreement below.
 9. I (We) acknowledge that delivery of this authorization to the Town of Magrath, as Payee constitutes delivery by Me (Us) to the noted Financial Institution.

Date

Signature of Applicant

Date

Signature of Applicant

Note: **FOR JOINT ACCOUNTS:** If only one signature is required for the account, then only one Applicant needs to sign this form. However, if two or more signatures are required for the account, then both or all signatures are required on this form.