

PRE-AUTHORIZED BANK WITHDRAWAL AUTHORIZATION AGREEMENT

INSTRUCTIONS:

Please complete all sections (print clearly) to instruct your financial institution to make payments directly from your account. Return the completed form with a correctly encoded blank cheque marked "VOID" to the Village of Glenwood.

APPLICANT(S):

ACCOUNT HOL	DERS (PAYC	ORS)						
Surname:		-		First N	Vame(s):			
Mailing Address:	·							
Civic Address:								
Email Address:					Phone:			
FINANCIAL INSTITUTION TO BE DEBITED: (attach a correctly coded "VOID" cheque)								
NAME OF FINANCIAL INSTITUTION:								
Routing # Transit # Account Number #								
TYPE OF PAYM	ENT: Circle	as needed:	Taxes		Utili	ties	Other	
Type of Pre-Author	rized Debits:	Personal:		Busi	ness:		Fund:	
Tax Acct #:		Amount Withdrawn:						
Utility Acct #:			Amount Withdrawn:					
Varied Billing Amount Withdrawn:								
PAYMENT START DATE: Day:			Month: Year:					
PAYEE: VILLAGE OF GLENWOOD Box 1084, 59 Main Avenue Glenwood, AB TOK 2R0			Phone: 403.626.3233 Fax: 403.626.3234 Email: office@plenwood.ca					

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



TERMS AND CONDITIONS

Village of Glenwood as Payee. The branch of the I	itution, under Terms and Conditions agreed to by Me (Us) with Financial Institution at which I (We) maintain the account is not ordance with this authorization.					
A debit in paper, electronic or other form in the amount of \$ may be drawn on My (Our) account on the 15th of each month beginning, which amount may be increased/decreased at a future date as agreed to in writing by Me (Us.) The Village of Glenwood as Payee, will to the best of their ability advise Me (Us) in writing of the revised amount in advance of its effective date.						
This authorization may be canceled at any time by Me (Us). I (We) will notify the Village of Glenwood 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 Village of Glenwood. Payer's Pre-Authorized Debit Agreement shall also advise that the Payor may obtain a sample cancellation form, or further information on their right to cancel a Pre-Authorized Debit Agreement.						
If a pre-authorized debit is returned to the Village of Glenwood marked NSF more than 2 times, or marked account closed, the Village of Glenwood can cancel the pre-authorized withdrawal, and the applicant will be charged an NSF fee as determined by the Village of Glenwood fee schedule.						
Any and all notices required will be sent to the addresses provided herein.						
You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement To obtain more information on your recourse rights, contact your financial institution.						
I (We) the Applicant(s) hereby acknowledge that I (We) have read and understand and agree to the Terms and Conditionas contained herein.						
I (We) warrant that all persons whose signatures are rec signed this agreement below.	quired to sign on the account at My (Our) Financial Institution have					
I (We) acknowledge that delivery of this authorization (Us) to the noted Financial Institution.	n to the Village of Glenwood, as Payee constitutes delivery by Me					
Date	Signature of Applicant					
Date	Signature of Applicant					
	Village of Glenwood as Payee. The branch of the I required to verify that the payment(s) are drawn in accordance of each month beginning which amount of each month beginning writing by Me (Us.) The Village of Glenwood as Payrevised amount in advance of its effective date. This authorization may be canceled at any time by Me (of any changes in the Financial Institution or account it of the month of the next due date of the pre-authorized any other obligation(s) between the Applica Agreement shall also advise that the Payor may obtain cancel a Pre-Authorized Debit Agreement. If a pre-authorized debit is returned to the Village of closed, the Village of Glenwood can cancel the pre-authorized by the Village of Glenwood fee schedule. Any and all notices required will be sent to the addresse You have certain recourse rights if any debit does not receive reimbursement for any debit that is not authority to obtain more information on your recourse rights, or I (We) the Applicant(s) hereby acknowledge that I (We as contained herein. I (We) warrant that all persons whose signatures are resigned this agreement below. I (We) acknowledge that delivery of this authorization (Us) to the noted Financial Institution.					

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

2020.10.13