



The Corporation of the  
**City of Kawartha Lakes**

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www.city.kawarthalakes.on.ca

### Accounts Receivable Pre-Authorized Debit (PAD) Agreement Application (Part 1)

Account #							
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I/we authorize City of Kawartha Lakes, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for payment of the accounts receivable invoices.

The City of Kawartha Lakes will provide written notice in the form of an invoice and the amount due on the account will be debited from my/our specified account on the last day of the month. Pre-Authorized Debits will occur as invoices are issued and due, which may be sporadically. By signing this agreement, I/We understand that no further notice will be provided for sporadic payments.

This authority is to remain in effect until City of Kawartha Lakes 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 above. 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.cdnpay.ca](http://www.cdnpay.ca).

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.cdnpay.ca](http://www.cdnpay.ca)

\* Payments returned due to Funds Not Cleared or Non Sufficient Funds are subject to a processing fee as approved by Council. These fees will be added to the account and will be submitted for payment at the end of the following month. Two returned payments in a 12-month period will result in termination of rights to be enrolled in the Pre-Authorized Debit Program

*Please turn over for application form*

Accounts Receivable Pre-Authorized Debit (PAD) Agreement Application (Part 2)

PLEASE PRINT

Date: \_\_\_\_\_

Account #							
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Account Holder Name: \_\_\_\_\_

Type of Service  Personal  Business

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: |\_\_|\_\_|\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|  
(Branch -5 digits - FI - 3 digits)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

Where your account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this PAD Agreement.

Attach Void Cheque

OFFICE USE ONLY:

Received: \_\_\_\_\_ Entered by: \_\_\_\_\_ Plan Option: \_\_\_\_\_

Starting Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_ Copy of Agreement Sent: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_