PRE-AUTHORIZED PAYMENT FOR THE PAYMENT OF MY QUARTERLY WATER AND SEWER INVOICES

. Customer information (Please print clearly)	
Name:	
Account number:	
Location:	
Telephone number:	
Bank account information	
Financial institution (FI):	
FI account number:	FI transit number:
FI number:	
Fl addres	ss:
	count with my financial institution, for the payment of my quarterly he 15 th of the month following the date of the invoice (residential clients) 5 th (industrial, commercial and institutional clients).
These services are for (check one): personal use) business use
Signature of account holder	Signature of joint account holder (if applicable)
Name (Please print)	Name (Please print)
Date	

This authorization may be revoked at any time upon written notice to the City of Dieppe, 30 business days before the next scheduled payment.

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 PAD agreement. To obtain more information on your recourse rights or on your right to cancel a PAD agreement, contact your financial institution or visit <u>cdnpay.ca</u>

City of Dieppe

333 Acadie Avenue, Dieppe, NB E1A 1G9
Tel. 506.877.7900 • Fax. 506.877.7910 • Email: finance@dieppe.ca

Personal information on this form is collected under the authority of the *Right to Information and Protection of Privacy Act* for the purpose of processing your application. Questions about this collection of personal information can be directed to the City Clerk, 333 Acadie Avenue, Dieppe, New Brunswick, E1A 1G9, 506.877.7900.

