



Prince Edward Island

PRE-AUTHORIZED PAYMENT PLAN

New Authorization Change in Bank / Credit Card Information

1. Customer Information

Name: _____ Account Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Payment Information

Option 1 – Preauthorized Bank Withdrawal

Option 2 – Credit Card

Financial Institution: _____

Type of Credit Card:

Branch Address: _____

Visa Mastercard Amex

Chequing Account Saving Account

Card Number: _____

Account Number: _____

Expiry Date: _____

Transit Number: _____ Institution Number: _____

Void Cheque Attached

3. Pre-Authorized Details

I/We authorize the City of Summerside to debit the bank account or credit card identified above for monthly regular recurring payments of all charges arising under my/our account(s). I/We understand that all charges will include both utilities and internet. Regular monthly payments for the full amount of services delivered will be debited on the due date specified on the regular monthly billing statement. The City of Summerside will provide written notice of the amount of each regular debit and the date on which it will be scheduled.

These services are for (check one): Personal Business

This authority will remain in effect until the City of Summerside has received written notification of my/our request for change or termination. This notification must be received at the address listed below at least ten (10) business days prior to the next scheduled payment. I/We may receive a sample cancellation form or more information on my/our right to cancel this agreement from my/our financial institution or by visiting www.cdnpay.ca.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____

Name: _____

(Please Print) _____

(Please Print) _____

Date: _____

Date: _____

I/We have certain recourse rights if any debit does not comply with these terms. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.