



Personal Pre-Authorized Debit (PAD) Agreement

Authorization of the payor to the payee to direct debit an account

Date (MM/DD/YYYY)

Property/Service Address

Permit/Application number

Amount

CUSTOMER INFORMATION

First name

Last name

Phone number

Email address

Bank Name & Address

Bank number

Account Number

			Transit								

I/we hereby authorize the Town of Bradford West Gwillimbury to debit my/our account for payment as described above. This authority is only valid for a one-time payment. I/we acknowledge that I/we have read and understand all the terms and conditions of the PAD Agreement.

☐ I/we acknowledge that I/we have read and understand all terms and conditions of the PAD agreement.

Signature

Date

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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, contact your financial institution or visit Payments Canada at www.payments.ca.

All personal information collected on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of payment to the Town of Bradford West Gwillimbury. Questions regarding this collection may be directed to Customer Service using the contact information below:

Telephone:	905-775-5366 Extension 3100
E-mail:	financeservices@townofbwg.com
Fax:	905-775-4472
Mail:	P.O. Box 160, Bradford, ON, L3Z 2A8