

**Rocky View Water Co-op Ltd.**

Telephone: 403-239-6242  
Fax Line: 403-241-3897

25145 Burma Road  
Calgary, Alberta T3R 1B8

email: [rvwater@rvwater.ca](mailto:rvwater@rvwater.ca)  
web site: [www.rvwater.ca](http://www.rvwater.ca)

**PRE-AUTHORIZED DEBITING AGREEMENT**

I/We authorize Rocky View Water Co-op Ltd., and the financial institution designated to begin deductions for payments due by me/us to Rocky View Water Co-op Ltd. for quarterly water bills and related service fees. The full amount of the water bill will be debited to my/our specified account on the 30th day of the month following the billing date.

This authority is to remain in effect until Rocky View Water Co-op Ltd. 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).”

**MEMBER INFORMATION**

Proper Name(s) of Member(s): \_\_\_\_\_ Member Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Type of service: Personal \_\_\_\_\_ Business \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

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

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

Financial Institution Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Account Number \_\_\_\_\_

**AUTHORIZING SIGNATURES**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHEQUE SIGNING SIGNATURE

\_\_\_\_\_  
SECOND CHEQUE SIGNING SIGNATURE

**ATTACH SAMPLE CHEQUE MARKED VOID**