

Rocky View Water Co-op Ltd.

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

25145 Burma Road
Calgary, Alberta T3R 1B8

email: rvwcbillings@rvwater.ca
web site: 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 21st 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.

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.”

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