

**TOWN OF MORRIS  
UTILITY**

**AUTOMATED FUNDS TRANSFER AUTHORIZATION FORM**

**CUSTOMER INFORMATION (Please Print Clearly)**

Name: \_\_\_\_\_

Town of Morris Utility Account Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

Account Number: \_\_\_\_\_ Bank Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_  Chequing Account  Savings Account

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**PRE-AUTHORIZED DEBIT (PAD) DETAILS**

You, the Payor, authorize the Town of Morris to debit the bank account identified above for:

Amount of Debit: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

Bi-Weekly  Monthly  Quarterly  Annually

Other (Please Specify) \_\_\_\_\_

These services are for (check one)  Personal  Business Use

You, the Payor, may revoke your authorization at any time, in writing, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

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 [www.cdnpay.ca](http://www.cdnpay.ca).

When this form is complete, mail or fax to: **Town of Morris**  
**Box 28**  
**Morris, MB R0G 1K0**  
**Tel: (204)746-2531 Fax: (204)746-6009**  
**e-mail: tomorris@mts.net**