

**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.

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.

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: cfo@townofmorris.ca