



## PRE – AUTHORIZED DEBIT AGREEMENT

I/we authorize Rocky View Water Co-op Ltd., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for quarterly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Rocky View Water Co-op Ltd. account(s). Regular quarterly payments for the full amount of services delivered will be debited to my/our specified account on the 30th day of the month following the billing date. Rocky View Water Co-op Ltd. will provide 10 days written notice of the amount of each regular debit. Rocky View Water Co-op Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

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 below. 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).

Rocky View Water Co-op Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

<b>MEMBER INFORMATION (PLEASE PRINT)</b>		
Proper Name(s) of Member(s): _____	Member Number: _____	
Mailing Address: _____	Email Address: _____	
City/Town: _____	Province: _____	Postal Code: _____
Type of service: Personal _____ Business _____		

<b>FINANCIAL INSTITUTION INFORMATION</b>		
Name of Financial Institution: _____	Branch: _____	
Mailing Address: _____		
City/Town: _____	Province: _____	Postal Code: _____
Financial Institution Number: _____	Branch Number: _____	Account Number _____

<b>AUTHORIZING SIGNATURES</b>		
_____ DATE	_____ CHEQUE SIGNING SIGNATURE	_____ SECOND CHEQUE SIGNING SIGNATURE

<b>ATTACH SAMPLE CHEQUE MARKED VOID</b>		

**Rocky View Water Co-op Ltd.**  
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Web Site: [www.rvwater.ca](http://www.rvwater.ca)

Tel: **403-239-6242**  
Fax: **403-241-3897**