



City of Brantford
 220 Colborne St.
 Brantford, Ontario N3T 2H1
 TEL-519 756-1360 FAX 519 753-9884
 e-mail address – customerservices@brantford.ca



Pre-Authorized Debit (PAD) Plan agreement below

Option 1 - Paid In Full

I/we authorize City of Brantford, and the financial institution designated (or any other financial institution I/We may authorize at any time) to debit my account as indicated below on the _____ of each month, the amount owing as indicated on my City of Brantford Utility bill. City of Brantford will provide at least 10 days notice of any change through the utility bill. This authorization is valid for all regular and final bills. The City of Brantford will obtain my/our authorization for any other one-time or sporadic debits.

Option 2 - Equal Payment Plan (Residential Accounts only)

I/we choose the equal payment (EPP) the amount of \$_____ to be withdrawn on the _____ day of each month. This amount may be adjusted periodically. The City of Brantford will provide notice of the change through the utility bill or other correspondence.

This authority is to remain in effect until the City of Brantford has received 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 contacting the Customer Services Dept.

The City of Brantford 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 by contacting the Customer Services Department.

Please Print

Start Date _____

Name(s) _____ City of Brantford Account Number _____

Address _____ Type of Service: Personal _____ Business _____

City/Town _____ Province _____ Postal Code _____

Phone Number (Res.) _____ Phone Number (Bus.) _____

Bank Account Information

Bank Number				Transit Number							
Chequing Account Number											

Date _____ **Signature** _____ **Signature** _____

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

Please attach a cheque marked void