



## PRE-AUTHORIZED DEBIT AGREEMENT - VARIABLE AMOUNT

New

Modification

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Telephone number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Customer # or 6-digit location ID

Service Location Address (if applicable)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

### Type of Service

Personal

Business

### BANKING INFORMATION

TRANSIT NUMBER \_\_\_\_\_ FINANCIAL INSTITUTION \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_



We request that you attach a cheque marked VOID to this form.

### AUTHORIZATION

I/we authorize the City of Moncton to withdraw the exact amount of my/our bill directly from the bank account noted above on the established due date noted on this bill. This means the withdrawal amount will vary and billed either on a quarterly or monthly schedule.

This authority is to remain in effect until the City has received written notification from me/us of its change or termination. This notification must be received at least twenty (20) business days before to 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).

I/We have certain recourse rights if any debit does not comply with the 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).

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature\* \_\_\_\_\_

Signature\* \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

\*Please provide additional signatures, if more than one is required on cheques issued against this account.

### When form is complete, mail, email or fax to:

City of Moncton  
Attn: Revenue Office  
655 Main Street, Moncton, NB E1C 1E8  
Fax: 1 (506) 859-2617  
Email: [info.revenue@moncton.ca](mailto:info.revenue@moncton.ca)

### Revenue Office Use Only

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

\_\_\_ Void Cheque Attached Int: \_\_\_

The personal information collected on this form will be used for the sole purpose of establishing a pre-authorized payment account. This information is collected under the authority of the Municipalities Act, R.S.N.B. 1973, c. M-22 which mandates the services which may be offered by the City of Moncton, and section 37(1) of the Right to Information and Protection of Privacy Act, S.N.B. 2009, c. R-10.6 ("RTIPPA"). This information will be protected in accordance with the provisions of RTIPPA. If you have any questions about the collection and use of this information, please contact the Manager, Billing & Collections, 655 rue Main Street, Moncton, NB E1C 1E8 at 506-383-6706.