



---

## Perth Meadows Fees Pre-Authorized Debit (PAD) Agreement

### Payee Information

Account Number: \_\_\_\_\_  
Name: (Please print) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Bank Account Information

In order to verify your banking information, please return completed form with either of the below options:

**Personal cheque** marked void is attached.

**Electronic Funds Transfer Form** from financial institution is attached.

I/we authorize the Municipality of North Perth to debit my/our bank account for payment of Perth Meadows fees on the 1<sup>st</sup> day of each month (or the next business day).

This authority is to remain in effect until the Municipality of North Perth has received written or phone notification at least 10 days before the next debit is scheduled, to the address below. To obtain a sample cancellation form, or more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Municipality of North Perth  
330 Wallace Ave. N., Listowel ON N4W 1L3  
Tel: (519) 291-2950 ext. 2047 E-mail: [Imarks@northperth.ca](mailto:Imarks@northperth.ca)

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursements for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain 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).

Signature of Account Holder:

Signature of Joint Account Holder:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Date