



PRE AUTHORIZED PAYMENT APPLICATION FORM

Never miss a due date again! This form may be used to authorize the automatic bank withdrawal or credit card charge (called a Pre-Authorized Payment or PAP) for amounts billed to you for Water &/or Garbage/Recycling fees. PAP's will be processed by the Regional District on the invoice due date.

1. I/We authorize the REGIONAL DISTRICT OKANAGAN-SIMILKAMEEN (RDOS) and my/our noted Canadian bank/financial institution or credit card company to withdraw from my/our account indicated in this form to cover payment in full for Water &/or Garbage/Recycling fees billed to me from time to time and/or outstanding at the time of any billing – hereafter identified as PAP (pre-authorized payment).
2. I/We acknowledge that it is my/our sole responsibility to notify the RDOS of any changes to my/our financial account, credit card or mailing address.
3. PAP agreements may only be changed or terminated in writing under signature of the original applicant. Signed faxed change/termination requests are acceptable for this purpose.
4. The RDOS may terminate these agreement(s) at any time upon written notice (including e-mail notice where applicable). Upon termination, notification of billed charges will be by regular mail. I/We will make payments for billed amounts directly to the RDOS using methods that may be in effect at that time.
5. Notice of the Payment Amount and the Payment Date(s) will be delivered to me at least 10 calendar days before the Payment Date. I/We recognize and agree that delivery of the Notice of Payment cannot be guaranteed and that delivery is made on a best efforts basis following the normal processing and mailing procedures followed by the RDOS. Failure to deliver a Notice of Payment does not relieve me/us of our obligation to pay the amount owing under this agreement.
6. I/We acknowledge that the Processing Institution is not required to verify that a PAP has been issued in accordance with this Authorization, or that any purpose for which the PAP was issued has been fulfilled by the RDOS, as a condition to honouring a PAP issued by the RDOS on my/our account.
7. I/We may dispute a PAP withdrawal only under the following conditions:
 - a. I/We never provided authorization to the RDOS;
 - b. The PAP withdrawal was not drawn in accordance with my/our authorization;
 - c. My/Our authorization was revoked;
8. I/We acknowledge that in order to be reimbursed, a declaration to the effect that either a), b), or c) took place must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAP in dispute was posted to the Account.
9. I/We acknowledge that when disputing any PAP beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the RDOS, outside the payment system.
10. I/We agree that the PAP information contained in this Authorization may be disclosed to any current financial institution used by the RDOS for the purposes of making these pre-authorized withdrawals.

Registered Owner's Signature

Registered Owner's Signature (if applicable)

Date: _____

RDOS PRE-AUTHORIZED PAYMENT FORM QUARTERLY UTILITY BILLING

One form to be filled out per property (attach additional information if needed)

A. COMPLETE THIS SECTION REGARDING YOUR INVOICE INFORMATION:

Service Address (found below your account number on the invoice)		Account No. 500-
Registered Owner(s)' Last Name	First Name	
Mailing Address		
City	Province	Postal Code
		Daytime Telephone Number

B. QUARTERLY UTILITY BILLING FOR WATER &/OR GARBAGE & RECYCLING FEES

The full amount of the outstanding invoice will be withdrawn on the due date each quarter.

C. COMPLETE THIS SECTION TO ALLOW THE PRE-AUTHORIZED PAYMENT OF ACCOUNT PAYMENTS (PAP):

I/We warrant and represent that the following information is accurate:

OPTION 1 - WITHDRAW FROM MY/OUR BANK ACCOUNT

Name of Canadian Financial Institution		
Street Address of Financial Institution		
City	Province	Postal Code
Financial Account Number		
_____	_____	_____
Branch No.	Bank Institution No.	Account Number

Please attach a cheque marked VOID to this PAP authorization. If you do not have a chequing account, please have the above noted information completed by your financial institution.

OPTION 2 - CHARGE TO MY/OUR CREDIT CARD

Credit Card No.	Expiry Date (mm/yy)	Type of Card MC Visa	Name on Card

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the Authorization below.

I/We acknowledge that this constitutes delivery by me/us to the noted Canadian financial institution.

Registered Owner's Signature

Registered Owner's Signature *(if applicable)*

Date: _____