

## **Pre-Authorized Debit (PAD) Agreement –Water**

Name:		
Street Address:		
City	Province:	Postal Code:
Phone:	Email:	
Utility Account Number(s)		
Bank Account Information		
Deposit Account No	Tra	insit No
Financial Institution No	Chequing Accou	nt Savings Account
Financial Institution: Name		
Branch Address:		
Pre-Authorized Debit (PAD) Details		
Payments are withdrawn on the final day of the mo the Payor, authorize the Village of New Minas to del		reding month, if the final day is a weekend or holiday. You
Monthly withdrawals of \$	to start the final day of	·
Full amount – the full amount of the utility those months.	ty billing in January, April, July, & Oct	ober will be debited from your bank account the final day
These services are for (check one)	ersonal	Business Use
		ct to providing notice of at least fifteen (15) days. To obtain AD agreement, contact your financial institution or visi
Signature of Account Holder:	Signature of Joint A	ccount Holder (If applicable):
Name (Please Print):	Name (Please Print)	):
Date:	Date:	
		example, you have the right to receive reimbursement fo in more information on your recourse rights, contact you

When complete, please mail, fax or email this form to:

Please attach a copy of a VOID Cheque.

VILLAGE OF NEW MINAS 9489 COMMERCIAL STREET NEW MINAS, NS B4N 3G3

Phone: 902-679-1878, Fax: 902-681-0779

Email: <a href="mailto:shellyp@newminas.com">shellyp@newminas.com</a>