



Please print, complete, sign and return this form to The City of Brantford. Please use email or mail to the address listed below including a Void Cheque.

**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I/we choose the equal payment (EPP) the amount of \$ \_\_\_\_\_ to be withdrawn on the \_\_\_\_\_ day of each month.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 Customer 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							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Chequing Account Number										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

City of Brantford  
220 Colborne St.  
Brantford, Ontario, N3T 2H1

TEL 519 756-1360  
FAX 519-753-9884  
customerservices@brantford.ca