

Please complete the **BIMONTHLY** pre-authorized debit form below

I / we authorize Glenmore-Ellison Improvement District (GEID) and the financial institution designated (or any other financial institution that I / we may authorize at any time) to begin deductions as per my / our instructions for Bimonthly regular recurring payments from all charges arising under my / our GEID account(s). Regular Bimonthly payments for the full amount of services delivered will be debited to my / our specified account as per authorization below. GEID will provide at least ten days written notice of the amount of each regular Bimonthly debit.

**This authority is to remain in effect until GEID has received written notification 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 above. I / we may obtain a sample cancellation form, or more information on the right to cancel a PAD agreement at my / our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

GEID may not assign the authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten days prior written notice.

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 recourse rights, I / we may contact my / our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

GEID account numbers (for office use only)

Utility account number:

Annual tax account number:

Service address:

Name(s):

Mailing address:

Street (if different from service address)

City

Province

Postal code

Phone

Mobile

Type of water service:

Personal:

Business:

**Do not complete the section below if including a VOID cheque**

Financial institution (FI):

FI account number:

FI transit number:

(Branch 5 digits)

(Bank 3 digits)

FI address:

City:

Postal code:



I would like to pay my **annual infrastructure renewal tax** invoice(s) on the 1<sup>st</sup> of December each year; **and**



I would like to pay my **domestic water utility** invoice(s) with Bimonthly payments to be withdrawn from the aforementioned bank account on the last day of March, May, July, September, November and January.

Date:

Authorized Signature:

**Please note:** Forms must be emailed, mailed or dropped off at least two weeks prior to the next due date.

Please ...  
**SIGN HERE**