

# RDOS PRE-AUTHORIZED PAYMENT FORM - 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.	
Registered Owner(s)' Last Name		First Name	
Mailing Address			
City	Province	Postal Code	Daytime Telephone Number
Email Address		<input type="checkbox"/> Yes, I would like to have my invoices emailed to me	

**B. SELECT A PAYMENT PLAN:**

- On the Due Date - Please withdraw the full balance of my account on the due date.**  
(Naramata and West Bench are processed quarterly - all others are processed annually)
- Monthly - Please withdraw monthly payments from my bank account on the last business day of each month until further notice.** (Amount must be the annual fee / number of months remaining in the year) – Monthly payment will be adjusted for rate changes, notification will be provided.  
\*Please note, this option is not available to West Bench area

**C. PROVIDE THE BANKING INFORMATION WHERE THE PAYMENTS WILL BE WITHDRAWN:**

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 form.** If you do not have a chequing account, please have the above noted information completed by your financial institution.

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.

I/We warrant and represent that the above information is accurate.

\_\_\_\_\_  
Registered Owner's Signature

\_\_\_\_\_  
Registered Owner's Signature (if applicable)

Date: \_\_\_\_\_



Regional District Okanagan-Similkameen  
101 Martin Street, Penticton, BC V2A 5J9 1-877-610-3737  
Phone: (250) 490-4140 Fax: (250) 492-0063

## PRE - AUTHORIZED PAYMENT APPLICATION FORM

**This form may be used to authorize the automatic bank withdrawal (called a Pre-Authorized Payment or PAP) for amounts billed to you for Water &/or Sewer &/or Garbage/Recycling fees. PAP's will be processed by the Regional District on the invoice due date OR the last business day of each month (if monthly option chosen).**

1. I/We authorize the REGIONAL DISTRICT OKANAGAN-SIMILKAMEEN (RDOS) and my/our noted Canadian bank/financial institution to withdraw from my/our account indicated in this form to cover a specified monthly payment for Water &/or Sewer &/or Garbage/Recycling fees billed to me from time to time – hereafter identified as PAP (pre-authorized payment), or payment in full if 'on the due date' option is chosen.
2. I/We acknowledge that it is my/our sole responsibility to notify the RDOS of any changes to my/our financial account or mailing address.
3. I/We acknowledge that the monthly amount withdrawn from my bank account may be adjusted for rate changes, notification will be provided when the monthly amount is adjusted. It is the account owner's responsibility to ensure the account is paid in full by year end to avoid penalties.
4. 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.
5. 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.
6. If payment is rejected by the Processing Institution due to lack of funds or incorrect financial information provided by the owner(s), a processing fee will be applied to the Account in accordance with the current Fees and Charges Bylaw.
7. Notice of the Payment Amount and the annual Due Date(s) will be delivered to me at least 10 calendar days before the Due 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. If monthly payment option is chosen, the annual invoice will be sent out - monthly reminders will not be mailed out.
8. 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.
9. 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;
10. 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.
11. 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.
12. 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: \_\_\_\_\_

PLEASE SIGN BOTH SIDES OF THIS FORM

2018