

**Water Matters dba Culligan Saskatoon**

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Water Matters dba Culligan Saskatoon, and the financial institution designated (or any other financial institution I/we authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Water Matters account(s). Regular monthly payment for the full amount of services delivered will be debited to my/our specified account on the specified day of each month. ***I/we waive my/our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of PADs before the debit is processed.***

This authority is to remain in effect until Water Matters dba Culligan Saskatoon has received written notification from me/us of its change or termination. This notification must be received at least 10 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 visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Water Matters 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 visit [www.cdnpay.ca](http://www.cdnpay.ca)

PLEASE PRINT LEGIBLY - ***\*\*please note that a charge account must first be established and approved\*\****

Name(s): \_\_\_\_\_ Water Matters dba Culligan Saskatoon account ID \_\_\_\_\_  
Account Name (if different from above) \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Type of Service: Personal \_\_\_ Business \_\_\_  
Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_ (Cell) \_\_\_\_\_

Payment is for: \_\_\_\_\_

**(Fixed Amount)** FOR THE FIXED AMOUNT OF \$ \_\_\_\_\_, **OR (Variable Amount)** FOR VARIABLE AMOUNTS NOT TO EXCEED \$ \_\_\_\_\_, payable monthly beginning the 1<sup>st</sup> day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

***\*\*Commercial Accounts please note that if a fixed amount is the option you require, the type of account will be balance forward statement as our program will take your fixed amount as being per invoice. Please contact our AR department to discuss your options.\*\****

\*\*\*\*\*PLEASE ATTACHED A VOID CHEQUE\*\*\*\*\*

**Financial Institution (FI):** \_\_\_\_\_  
FI Account #: \_\_\_\_\_ FI Transit # (5 digits): \_\_\_\_\_ Branch #(3 digits): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Ebill Address \_\_\_\_\_ \*\* If an ebill address is not supplied, no billing will be sent out unless requested. Please add us to your address book to ensure that our emails do not go to your junk/spam folders.