

# North Cedar Improvement District

2100 Yellow Point Road, PO Box 210  
Cedar, BC V9X 1W1

## PRE-AUTHORIZED DEBIT FOR UTILITY ACCOUNT PAYMENTS

COMPLETE THIS SECTION REGARDING YOUR ACCOUNT INFORMATION

**Please Print**

Service location address:			
Last Name:	First Name:	Account Number (5 digit)	
Mailing Address:			
City	Province/State	Postal Code/Zip Code	Daytime Telephone Number

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COMPLETE THIS SECTION TO ALLOW THE PRE-AUTHORIZED DEBIT OF ACCOUNT PAYMENTS (PAD):

I/We warrant and represent that the following information is accurate:

Name of Canadian Banking/Financial Institution		
Street Address of Banking/Financial Institution		
City	Province	Postal Code
Bank Account Number		
Institution No.	Transit No.	Account Number

**Please attach a cheque marked VOID to this PAD authorization.** If you do not have a chequing account, please have the above noted information completed by your banking 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 bank/financial institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date