



# Pre-Authorized Debit (PAD) Application Form

## How to Enrol

1. Complete, print and sign form;
2. **Enclose a VOID cheque** (line of credit cheques cannot be used);
3. Mail, email, fax or deliver to: **Accounts Receivable**  
Fax: 613-580-2457  
City of Ottawa, Accounts Receivable,  
P.O. Box 3441, Ottawa On K1P 1J5  
email: [accountsreceivable@ottawa.ca](mailto:accountsreceivable@ottawa.ca)

This application is made on behalf of:  CUSTOMER NUMBER #(s)
<b>Applicant 1</b>
Last name  First name  Name of business
<b>Applicant 2 (if applicable)</b>
Last name  First name
<b>Address/Telephone</b>
Apartment number  Street name  City/Town  Postal code  Email address  Home telephone number  Business telephone number

## Plan Options

Select your option to pay on the **first** or the **fifteenth** of the month:

I (we) authorize the City of Ottawa to process a debit, in paper, electronic or other form in the amount of \_\_\_\_\_ on the \_\_\_\_\_ day of each month until my (our) debt is paid in full.

\_\_\_\_\_  
Signature (applicant #1)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature (applicant #2)

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Pre-authorized debit (PAD) plan terms of service

I (we) acknowledge that the balance of the debt owed is \_\_\_\_\_ and will be paid pursuant to this plan\*.

Payments continue monthly from the date authorized until the debt, as noted below, has been paid in full, unless the plan is terminated. To withdraw from a plan or change banking information you must provide Accounts Receivable with (30) days written notice. \*An overdue account is subject to an interest charge of 1.25% per month. Interest is added after the due date and every month thereafter until the account is paid in full. There is a service fee for all items returned from your banking institution. Subscribers to the PAD, who have two (2) returned item within a 12-month period, will become ineligible to continue on the PAD program. The balance of the debt will become due immediately and subject to applicable penalties.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights contact your financial institution or visit [www.payments.ca](http://www.payments.ca). To obtain recourse directly from the City of Ottawa provide documentation to support your claim to the address below within 90 days of the disputed payment.

## Collection of information

Personal information is collected under the authority of section 346 of the Municipal Act, 2001, S.O. 2001, c25 and will be used for the purpose of administering a pre-authorized debit plan for payment of an Accounts Receivable balance. Questions about this collection of information may be directed to the Program Manager, Collections and Cash Handling:

**Accounts Receivable**, Phone: 613-580-2424 ext. 13668 (Transactions are recorded for training and verification purposes), Fax: 613-580-2457, Mail: City of Ottawa, Accounts Receivable, P.O. Box 3441, Ottawa ON K1P 1J5, Email: [accountsreceivable@ottawa.ca](mailto:accountsreceivable@ottawa.ca)