

PRE-AUTHORIZED DEBIT FORM

ACCOUNT HOLDER INFORMATION			
Service Address:			
Name:			
Phone:		Email:	
Mailing Address:			

FINANCIAL INSTITUTION INFORMATION <i>*Do not complete the section below if including a VOID Cheque</i>					
Bank Name:					
Bank Address:					
Bank #:		Branch #:		Account #:	

PLEASE SELECT APPLICABLE ACCOUNT(S) FROM THE OPTIONS BELOW:

- ☐ I would like to pay my **Commercial** water invoice(s) with monthly payments to be withdrawn on the 1st day of each month.
- ☐ I would like to pay my **Domestic** water invoice(s) with bimonthly payments to be withdrawn on the last day of March, May, July, September, November and January.
- ☐ I would like to pay my **General Irrigation (Non-Farm Status)** water invoice(s) with bimonthly payments to be withdrawn on the last day of March, May, July, September, November and January.
- ☐ I would like to pay my annual **Agricultural Irrigation (Farm Status)** (consumption charge) water invoice(s) to be withdrawn annually.
- ☒ I would like to pay my **Annual Water Parcel Fee** invoice(s) on December 1st of each year.
Please note: This is processed quarterly for payment to be applied to any outstanding balances.

FOR OFFICE USE ONLY	
Commercial / Domestic Account #:	
GGrade / AGrade Account #:	
Tax Account #:	

I, the undersigned, authorize Glenmore–Ellison Improvement District (GEID) and the financial institution designated (or any other financial institution that I may authorize at any time) to begin deductions on the accounts indicated above for regular recurring payments from all charges arising under my GEID account(s). Charges will be indicated on the invoice(s) provided and withdrawn on the invoice due date.

This authority is to remain in effect until GEID has received written notification from me of its change or termination. This notification must be received in writing at least ten (10) business days before the next debit is scheduled at the office address provided or by email to billing@geid.org. I agree that revocation or this authorization does not terminate any contract that exists between me and GEID concerning my accounts.

DATE: _____ SIGNATURE: _____

Please Note: Forms can be mailed or emailed to billing@geid.org (Needs to be received no later than the 20th of the billing month).