



## South East Kelowna Irrigation District

PO Box 28064, RPO East Kelowna  
Kelowna, BC V1W 4A6  
Ph (250) 861-4200 Fax (250) 861-4213  
Email: [info@sekid.ca](mailto:info@sekid.ca) webpage: [www.sekid.ca](http://www.sekid.ca)

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

I/We authorize South East Kelowna Irrigation District (SEKID), and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for quarterly regular recurring payments and/or annual payments from all charges arising under my/our SEKID account(s). Regular quarterly payments or annual payments for the full amount of services delivered will be debited to my/our specified account as per my authorization below. SEKID will provide 10 days written notice of the amount of each regular or annual debit.

This authority is to remain in effect until SEKID has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. 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).

SEKID may not assign the 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).

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Account #'s UB \_\_\_\_\_ TX \_\_\_\_\_

### A void cheque must be attached to this application.

#### Authorization of Payment (please check all that apply)

- I want to pay my **Domestic water bill(s)** by way of quarterly payments to be withdrawn from my account on the last banking day prior to the 1<sup>st</sup> day of March, June, September & December of each year.
- I want to **pre-pay my Domestic water bill(s) for the entire year** on the last working day prior to the 1<sup>st</sup> day of March of each year.
- I want to pay my **Water tax bill(s)** on the 31<sup>st</sup> of December of each year.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Disclaimer - by entering your Full Name in the box above, you hereby give your authorization to SEKID to accept this electronically submitted document as a signed original.*