



PRE-AUTHORIZED DEBIT AGREEMENT – Tax Accounts

Please check one of the following:

- ☐ I want to pay my Tax bill through **ANNUAL** payments, to be withdrawn from my account on the 15th of December yearly for my annual Irrigation Tax Bill.
- ☐ Please change my bank account information (new bank details attached).
- ☐ Please cancel my Pre-Authorized Payment Plan.

BMID Tax Account No.: _____ **Date Received:** _____

Service Address: _____

Name/Company: _____

Mailing Address: _____
(if different from Service Address) (City) (Postal Code)

Phone: _____ **Email:** _____

Please attach a blank personalized Cheque marked 'VOID' or attach your Bank-Provided Account Information Form with every new application or change.

Pre-Authorized Payment Plan Service Agreement:

I/We authorize Black Mountain Irrigation District (BMID) and my financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular annual recurring payments for all charges arising under my/our BMID tax billing account(s). Payment for the full amount of services delivered will be debited to my/our specified bank account on the 15th day of December annually. BMID will provide at least ten (10) days' written notice of the amount of each regular debit by standard mail delivery.

This authority is to remain in effect until BMID has received written notification from me/us of its change or termination. This notification must be received by BMID at least ten (10) business days before the next debit is scheduled. I/we can obtain information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca. Cancellation of this PAD Agreement will not end my contractual obligation to BMID for water utility services provided.

BMID 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 debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Please note: Forms must be emailed to info@bmid.ca or mailed or dropped off to 285 Gray Road, Kelowna, BC, V1X 1W8, at least ten business days prior to the first withdrawal date.