



PRE-AUTHORIZED DEBIT (PAD) CHANGE FORM

Pre-Authorized Payment Plan

Personal information collected on this form is collected for the purpose of processing a request for a change to a pre-authorized payment plan. The personal information is collected under the authority of the *Community Charter and/or Local Government Act* and pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection, contact the City of Colwood, 3300 Wishart Road, Colwood, B.C., V9C 1R1, Tel: 250-478-5999.

1 CUSTOMER INFORMATION (please print clearly)

NAME _____

FOLIO #/CUSTOMER ID _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____
(if different than above)

TELEPHONE _____ FAX _____

EMAIL _____

2 BANK ACCOUNT INFORMATION (include a void cheque)

☐ No change

NAME OF FINANCIAL INSTITUTION _____

BRANCH ADDRESS _____

Branch Transit No. (5 digits)	Financial Institution No.	Account No.
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☐ Chequing Account

☐ Savings Account

3 CHANGE OF MONTHLY WITHDRAWAL AMOUNT

Effective Date: _____ Monthly Amount: _____

4 CANCEL PREPAYMENTS

Effective Date: _____

Please note thirty (30) days' notice to the CITY OF COLWOOD is required to make changes to your Pre-Authorized Debit Plan.

SIGNATURE OF BANK ACCOUNT HOLDER

SIGNATURE OF JOINT ACCOUNT HOLDER (if applicable)

NAME (please print)

NAME (please print)

DATE (MM/DD/YYYY)

DATE (MM/DD/YYYY)

Mail your completed form, with your void cheque to:
City of Colwood, Finance Department
3300 Wishart Road
Victoria BC V9C 1R1

For further information, please contact the Finance Department at:
T 250 294 8150
F 250 478 7516
E finance@colwood.ca

Finance Administration Only

* Attach copy of original PAD Form

Monthly Payment Amount	_____	Customer ID	_____
Received By	_____	Date Received	_____
Entered By	_____	Date Entered	_____