



The Winnipeg Parking Authority Pre-Authorized Payment Form



This Authorization is for the following purpose:

- Personal Business

I/We acknowledge that this Authorization is provided for the benefit of The Winnipeg Parking Authority (City of Winnipeg) and _____ (The "Bank") and is provided in consideration of the Bank agreeing to process debits against my/our account in accordance with the Rules of the Canadian Payments Association.

PLEASE ATTACH A VOID CHEQUE OR A PRE-AUTHORIZED DEBIT FORM SUPPLIED BY THE BANK.

For all scheduled payments owing to WPA pursuant to the Parking Contract executed by me/us on the dates and in the amounts set out in the Contract (and for all other amounts owing under the Contract, including late/NSF charges).

Terms and Conditions

- 1) I/We agree that if any regularly scheduled payment is dishonoured by the Bank for any reason, then WPA shall be at liberty to issue another debt in substitution for the dishonoured debit until the debit is honoured.
- 2) I/We are entitled to receive written notice from WPA of the amounts to be debited to the Account and the dates of such debits at least ten (10) calendar days before the date of the first debit. If a debit is processed in response to the issuance of my/our direct action (such as, but not limited to, a telephone instruction), then the ten (10) day pre-notification is waived.
- 3) The Authorization may be revoked by me/us at anytime by giving written notice to WPA, which notice shall be effective five (5) business days after receipt. Amounts paid pursuant to this Authorization will be reimbursed only if:
 - I. such amounts were not drawn in accordance with this Authorization; or
 - II. the amounts were drawn after the revocation of this Authorization.

****Payments will normally be withdrawn or charged prior to the 8th day of each month ****

I/We consent to the disclosure to WPA's bank of any personal information that is contained in this authorization.

I/We hereby authorize The Winnipeg Parking Authority ("WPA") to draw on my debit account noted on the submitted void cheque or pre-authorized debit form.

(All account depositors must sign if more than one signature is required).

FULL NAME OF CUSTOMER(S)			
CUSTOMER SIGNATURE	DATE (Month/Day/Year)	JOINT SIGNATURE	DATE (Month/Day/Year)

<p>Office Use</p> <p>Pro-rated amount and deposit of \$ _____ paid by _____</p> <p>Pre-authorized Debit on file to begin _____</p>	<p><u>Payment method</u></p> <p>PAD</p>	<p><u>Monthly amount</u></p>	<p><u>Pro-rated amount</u></p>
	<p><u>UID Number</u></p>	<p>Permit Number _____</p> <p>Valid Location _____</p>	