

Edmonton – 4482 – 97 Street Edmonton, AB T6E 5R9
 Calgary – 300 801 Manning Road NE, Calgary, AB T2E 7M8
 Email: calgary@ccebailiff.ca or edmonton@ccebailiff.ca

 Phone: 780 448-5833 Fax: 780 448-0698
 Phone: 403 262-8813 Fax: 403 262-8801
 Website: www.ccebailiff.ca

Tenant Name: _____ Date of Birth: _____

Last known Address: _____ City: _____ Postal Code: _____

Tenant Email Address: _____

Bank (Legal Name): _____

Bank Address (Debtor's Home Branch): _____

Current PPR Registration Number: _____ Expiry: _____

AMOUNT TO GARNISH	
Amount noted on Writ of Enforcement	\$
Cost of Garnishee	\$
Bailiff Costs for Eviction	\$
Additional Writ Holders	\$
Other	\$
Total to Garnishee	\$

REQUIRED DOCUMENTATION

(Please attach and submit with your completed forms)

	Filed Copy of Writ of Enforcement
	PPR Verification Statement
	Filed Judgment/Order
	Filed Affidavit of Service of the Judgment/Order

Indemnity

The undersigned confirms that enforcement instructions given to Consolidated are lawful and factually accurate and hereby indemnifies on a solicitor and his own client basis Consolidated, and its directors, shareholders, employees, and agents in respect of its fees, charges and disbursements and in respect of any suit, liability, or claim for damages that might be incurred by it in respect of any function carried out on the enforcement instructions. However, this indemnity shall not extend to any liability arising from the negligence or willful misconduct of Consolidated. This indemnity shall remain in force with respect to all services requested from time to time. In the event of litigation to which this indemnity applies, the undersigned agrees to fund, during the course of such litigation, the legal defense costs of Consolidated and its directors, shareholders, employees, and agents. The undersigned further agrees to provide additional indemnities, bonds or assurances as required by Consolidated from time to time.

Instructing Party: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

 Signature (Required)

 Name (please print)

MasterCard/Visa Authorization Form

Today's Date	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Retainer Amount:	
Cardholder Name:	
Card Number:	
Expiry Date:	
Additional charges incurred	By signing below I hereby authorize Consolidated Civil Enforcement Inc. to charge the above noted credit card for invoices incurred on this file. I agree to pay these charges and understand that Consolidated Civil Enforcement Inc. will forward me copies of the same marked as paid by credit card.
Card Holder Signature:	

ATTACH PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD

For CCE Office Use Only

CCE File Number: _____ Authorization Date: _____

Authorization Number: _____ Authorizing RM: _____

CCE Invoice Payment

Invoice #: _____ Invoice Amount: _____ Authorization Date: _____

Invoice #: _____ Invoice Amount: _____ Authorization Date: _____