Phone: (780) 796-3731 Fax: (780) 796-3037

Electronic Payment Plan for Utilities

Cι	ustomer Name:	Utility Account No:
Property Address:		E-mail:
Phone No (Res):		Phone No (Cell):
	void cheque for all utility charges payable to the Town of Bruderheim on the 15 th day of the month following the utility billing month. Effective for withdrawal.	
3.	be processed on the 15 th of each month following the approved application. A cheque belonging to the home owner marked "VOID" must be attached to this application.	
5	. Any returned payments may result in my termination from the plan and are subject to a fee in accordance with the Fees	
6.	and Charges Bylaw. This authorization may be cancelled at any time upon written notice by me/us, at which time all outstanding amounts become due and payable and subject to penalties. A payor may obtain a sample cancellation form with further information of their right to cancel a Pre-Authorized Debit Agreement, at their financial institution or by visiting www.cdnpay.ca .	
	I acknowledge that provision and delivery of this authorization form to the Town of Bruderheim constitutes delivery by me to the Financial Institution processing the payments.	
1	In the event of the sale of the above noted property or a change in bank account, change in mailing address /we will notify the Town of Bruderheim in writing 15 days prior to the next due date, to arrange for cancellation of the plan, or provide the change of banking information along with a cheque marked "VOID".	
9.]		
10. l	Nothing in this Pre-Authorized Debit Form shall be interpreted to relieve the owner/applicant from the obligation to pay any utility bill, including penalties, owing the Town of Bruderheim in the manner or the date(s) for payment established by the Town's Fees and Charges bylaw.	
11. 1	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 pre-authorized debit that is not authorized or is not consistent with this pre-authorization 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 .	
	Signature	
	Date	Office Use
	Signature	Effective Date: Copy to Customer Y N