



Box 149, Swan Hills, AB T0G 2C0 780-333-4477

UTILITY PRE AUTHORIZED DEBIT AGREEMENT

I (we) the undersigned hereby agree to participate in the above noted Utility Bill Payment Program.

I (we) hereby authorize the Town of Swan Hills to debit my (our) account indicated below, in the amount of the bi-monthly utility bill, one week prior to due date indicated on utility bill. Your original bill will be mailed indicating the date and amount to be debited from your banking institution, prior to withdrawal of funds.

This authority is to remain in effect until the Town of Swan Hills has received written notification from me/us of its change or termination. This notification must be received at least (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

I (we) understand that the bank is not responsible to verify whether these payments are properly debited to my (our) account.

I (we) understand that a \$40.00 fee, in addition to any fees that the bank charges, shall be charged back to my (our) utility account if an automatic withdrawal is returned from the bank due to an inability to withdraw funds from that account.

I (we) understand that delivery of this agreement authorization form to the Town of Swan Hills, constitutes delivery by me (us) to the bank.

I (we) am/are all the persons who are required to sign on this account.

Dated at Swan Hills, Alberta this _____ day of _____, 202_____.

Customer(s) Signature(s) _____

PERSONAL INFORMATION

Customer Name(s) _____

Service Address & _____

Mailing Address _____

Utility Account # _____

BANKING INFORMATION

Bank Name _____

Mailing Address _____

BANK # _____ BRANCH # _____ ACCOUNT # _____
(3 numbers) (5 numbers) (varies)

*Attach void
cheque for
your
convenience
and accuracy*