



Account Number (Utility Invoice)

Property Address: _____

Name: _____ Phone: _____
Bank Account Holder

Name: _____ Phone: _____
Joint Bank Account Holder

E-Mail Address: _____ Start Date: / 15 /
MM/15/YY

For Office Use Only

Please submit completed application with a **sample cheque marked "VOID" or an account confirmation from your financial institution at least ten (10) days before the next scheduled withdrawal date.**
Maximum Amount: _____
Date Entered: _____ Entered By: _____

I/We authorize the Town of Slave Lake and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit the bank account identified above on the 15th day of each month for the current monthly amount of my utility invoice. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds to cover the preauthorized withdrawal. In the event that two (2) payments are missed within a calendar year this agreement will be automatically cancelled. The monthly amount will vary during the year to a maximum of \$500 or a mutually agreed upon maximum amount to cover the monthly utility invoice.

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 payment that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

This authority is to remain in effect until the Town of Slave Lake has received **written** notification from me/us of its change or termination; this notification must be received at least ten (10) days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel this agreement at my/our financial institution or by visiting www.cdnpay.ca. **Pre-authorized payment cancellation and change of bank forms are available online at www.slavelake.ca or through the contact information below.**

Signature of Bank Account Holder

Name: _____

Date: _____

Signature of Joint Bank Account Holder

Name: _____

Date: _____

The personal information requested on this form is being collected by the Municipal Operation as required by the Town of Slave Lake, under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIP act) Section 33(c). If you have questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP Coordinator at 780-849-8000.

Return in person, by fax at 780-849-2633, or by e-mail at utility@slavelake.ca or finance@slavelake.ca.