



TOWN OF FORT QU'APPELLE

PRE-AUTHORIZATION PAYMENT AGREEMENT FORM

Customer Name _____ Email Address _____

Street Address _____ City/Town _____

Province _____ Postal Code _____ Phone Number _____

Mailing Address (Box #) _____

- UTILITY ACCOUNT EFFECTIVE DATE _____ AMOUNT: _____
- PROPERTY TAX ACCOUNT EFFECTIVE DATE: _____ AMOUNT: _____

I/We (the above-named customers) hereby authorize the Town of Fort Qu'Appelle to debit my/our account on the **16th day of each month**, starting on _____ for the payment payable to the Town of Fort Qu'Appelle, in respect to **Utilities** and/or **Taxes**.

This agreement will remain in effect until the Town of Fort Qu'Appelle receives the cancellation form.

Name of Financial Institution: _____

Institution Number: _____

Transit Number: _____

Account Number: _____

Customer Signature _____ Date _____

****A minimum utility bill is \$279.48 per quarter. Therefore, the minimum monthly amount that should be debited from your account is \$93.50. If there are overages, it is the account holder's responsibility to have that amount paid and cleared to zero. ****

****You/We have certain recourse rights if any debit does not comply with this agreement. For example, you/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your/our recourse rights, you/we may contact your financial institution or visit www.payments.ca****