

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:
		AMOUNT:
I/We (the above-named custo	omers) hereby authorize the T	own of Fort Qu'Appelle to debit
my/our account on the 16th d	ay of each month, starting or	nfor the payment
payable to the Town of Fort C	u'Appelle, in respect to Utilit	ies and/or Taxes.
This agreement will remain in	n effect until the Town of For	t 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**