



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 \$355.95 per quarter. Therefore, the minimum monthly amount that should be debited from your account is \$118.65. 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 ****