

**CUSTOMER INFORMATION**

\_\_\_\_\_  
*Account Holder(s)*

\_\_\_\_\_  
*Property Street Address OR Account Number*

\_\_\_\_\_  
*Phone*

**BANK ACCOUNT INFORMATION**

\_\_\_\_\_  
*Financial Institution*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Account Number*

\_\_\_\_\_  
*Transit Number*

\_\_\_\_\_  
*Institution Number*

**Please attach a sample cheque marked "VOID" or attach the Authorization Form from the bank**

**TERMS AND CONDITIONS - PLEASE REVIEW AND CHECK EACH BOX**

- I/We authorize the monthly withdrawal of the amounts outstanding on the above mentioned utility account on the 15th of each month.
- I/We authorize the Town of Bon Accord to debit the Financial Institution indicated above, for the purpose of making monthly payments on my/our Utility Account with the Town of Bon Accord, and I/we authorize the Financial Institution to honor and pay such debits.
- I/We understand that, in order to cancel this pre-authorized debit, written notice must be provided at least ten business days before the next payment date.
- I/We understand that payments made in addition to the pre-authorized withdrawals will effect the withdrawal amount and adjustments will not be made to alter the amount.
- I/We understand that if a payment fails to be honored, a service charge (according to the Fees for Service Delivery Bylaw, (Corporate Services Fees) approved by Resolution #23-176, will be added to my/our utility account, and any applicable penalties will be charged.
- I/We understand that if three payments, in a year, fail to be honored, the pre-authorized withdrawals will be cancelled.
- I/We understand that if our pre-authorized withdrawal payments have been cancelled, I/We cannot requalify for a minimum of six months, and have not received a penalty within that time frame.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

**AUTHORIZATION**

\_\_\_\_\_  
*Account Holder (print name)*

\_\_\_\_\_  
*Account Holder Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Account Holder (print name)*

\_\_\_\_\_  
*Account Holder Signature*

\_\_\_\_\_  
*Date*

The information collected on this form is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to process and activate pre-authorized monthly charges of annual property taxes, including any local improvement levies payable to the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Town of Bon Accord at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-3550.

**OFFICE USE ONLY**

\_\_\_\_\_  
*Utility Account #*

\_\_\_\_\_  
*Payment Start Date*

\_\_\_\_\_  
*Verified By*

\_\_\_\_\_  
*Date*