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Account Number (on Utility Bill)

Property Address: _____

Name: _____ Phone: _____
Bank Account Holder Home Work Cell

Name: _____ Phone: _____
Joint Bank Account Holder Home Work Cell

Email Address: _____ Start Date: **15th**
YY/MM

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Branch Transit Number

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Financial Institution

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Account Number

Financial Institution Name: _____

For Office Use Only		Received By:	
Monthly Amount: _____		<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Date Entered: _____	Entered By: _____	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person

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 bill. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds to cover the pre-authorized withdrawal. In the event that two (2) consecutive payments are missed this agreement will be automatically cancelled. The monthly amount will vary during the year up to a maximum of \$500.00.

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. **Town of Slave Lake 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: _____

Please submit completed application by mail, fax or in person; **include a sample cheque marked "VOID" or a bank confirmation form from your financial institution** and payment if applicable.

Telephone: (780) 849-8000

Email: finance@slavelake.ca

Mail: Town of Slave Lake, PO Box 1030, Slave Lake AB T0G 2A0

Fax: (780) 849-2633

Visit: 10 Main St. S.W., Monday to Friday, 8:00 AM to 4:30 PM

The personal information requested on this form is being collected by 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 any questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP coordinator at (780)849-8018.