



VILLE DE - TOWN OF

Gravelbourg

PRE-AUTHORIZED PAYMENT APPLICATION

APPLICANT INFORMATION

Name:

Mailing Address:

Civic Address:

Phone:

Email:

ACCOUNT INFORMATION

Utilities: ☐ Account No.

Taxes: ☐ Roll Number:

Name of Financial Institution:

Address:

Chequing Account: ☐

Savings Account: ☐

Financial Institution Number:

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Transit Number:

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Account Number:

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TERMS AND CONDITIONS

1. In this Authorization form, "I", "me", and "my" refer to each Account Holder signing this form.
2. I agree to participate in this pre-authorized payment plan and I authorize the Town of Gravelbourg billing service to provide, draw a debit, in paper, electronic or other format on my account indicated above, at the Financial Institution indicated above for the purpose of utility payments or tax payments under the terms and conditions agreed to by me with the Town of Gravelbourg.
3. I understand that the authorized payment amount will be withdrawn from my account on or after the 28th day of each month.

4. I may revoke this authorization by calling the Town of Gravelbourg at 306-648-3301 at least 20 days in advance of my next pre-authorized payment date. I agree that revocation of this authorization does not terminate any contract that exists between me and the Town of Gravelbourg concerning my utility or tax bill.
5. I agree to promptly inform the Town of Gravelbourg of any change in Financial Institution Account Information.
6. I agree that ALL persons whose signatures are required to sign on the Financial Institution Account have signed the Authorization below.
7. Please attach a blank cheque with "VOID" written across it or your financial institution account information sheet.
8. For joint accounts, if more than one signature is required on the account, please include the second signature below.
9. The dishonored payment amount will be the current fee the financial institution charges to the Town of Gravelbourg account. Pre-authorized payment not honored by your financial institution will result in the charge being added to your utility or tax account.
10. More than one dishonored pre-authorization payment may result in the removal of your account from this monthly payment plan.

I have read and understand the above information regarding the Town of Gravelbourg pre-authorized payment plan, dated this ____ day of _____, 20__.

Signature of Signing Authority

Signature of Signing Authority

For Office Use Only
Confirmation: Client Roll Number: Start Month/Date: