



Office Use		
Effective Date:	_____	
Copy to Customer	Y	N

Fort Electronic Payment Plan for Utilities

Customer Name: _____ Utility Account No: _____

Property Address: _____ E-mail: _____

Phone No (Res): _____ Phone No (Cell): _____

- I hereby authorize the City of Fort Saskatchewan and its Financial Institution to debit from my account listed on the attached void cheque for all utility charges payable to the City of Fort Saskatchewan on the 15th day of the month following the utility billing month. **Effective for** _____ **withdrawal.**
- Applications must be received on or before the last business day of the month to allow sufficient time for the first payment to be processed on the 15th of each month following the approved application.
- A cheque belonging to the home owner marked **“VOID”** must be attached to this application.
- The form must be completed and signed by an owner whose name appears on the utility account.
- Any returned payments may result in my termination from the plan and are subject to a fee in accordance with the Fees and Charges Bylaw.
- This authorization may be cancelled at any time upon written notice by me/us, at which time all outstanding amounts become due and payable and subject to penalties. A payor may obtain a sample cancellation form with further information of their right to cancel a Pre-Authorized Debit Agreement, at their financial institution or by visiting www.cdnpay.ca.
- I acknowledge that provision and delivery of this authorization form to the City of Fort Saskatchewan constitutes delivery by me to the Financial Institution processing the payments.
- In the event of the sale of the above noted property or a change in bank account, change in mailing address /we will notify the City of Fort Saskatchewan in writing 15 days prior to the next due date, to arrange for cancellation of the plan, or provide the change of banking information along with a cheque marked **“VOID”**.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
- Nothing in this Pre-Authorized Debit Form shall be interpreted to relieve the owner/applicant from the obligation to pay any utility bill, including penalties, owing the City of Fort Saskatchewan in the manner or the date(s) for payment established by the City’s Fees and Charges bylaw.
- 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 pre-authorized debit that is not authorized or is not consistent with this pre-authorization agreement. To obtain a form for a Reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Signature: _____ Date: _____

The information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to City operations. Should you have questions about the collection of this information please contact the City of Fort Saskatchewan FOIP Coordinator at 780.992.6200. 06/12/2018

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