



Fort Electronic Payment Plan Agreement-FEPP for Utility Account

Account Holder First Name: _____ Last Name: _____

(Please Print)

Property Address: _____ Account No: _____

Phone No: _____ Email: _____

1. 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 last day of the month following the utility billing month. **Effective for _____ monthly withdrawal date.**
2. Applications must be **received on or before the 15th day of the month** to allow sufficient time for the first payment to be **processed on the last day of each month** following the approved application.
3. A cheque belonging to the home owner marked **“VOID” or PAD form** belonging to the home owner must be attached to this application and **must correspond with the authorized owner signature on this agreement.**
4. This agreement must be completed and signed by an owner whose name appears on the utility account.
5. For eligibility to participate in the plan all outstanding utility levies and penalties must be paid in full, including the months previous to the effective date of the current utility billing.
6. 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.
7. This authorization may be cancelled at any time upon written notice by me, 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.
8. 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.
9. In the event of the sale of the above noted property or a change in bank account, change in mailing address 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” or PAD form in the name of the authorized owner signature on this agreement.**
10. I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
11. 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.
12. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my 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