

Change of Banking Information for Fort Electronic Payment Plan-FEPP

Account Holder First Name:	Last Name:
(Please Print)	
Property Address:	Email:
Phone No. (Res):	Phone No. (Cell):
I/We hereby give notice to the City of F both of the following accounts:	ort Saskatchewan that I/We wish to update the banking information for one or
UTILITY A	CCOUNT (withdrawn on the last day of each month)
For Utility Account number	change banking on the date of
PROPERTY TA	X ACCOUNT (withdrawn on the 15 th day of each month)
For Property Tax Roll number	change banking on the date of
Please read and Initial each of the follo	wing:
☐ I/We are aware that this form r	must be received 15 days before the next withdrawal/due date.
· · · · · · · · · · · · · · · · · · ·	OID" or PAD form in the account holder(s) name must be attached to this nd with the authorized owner signature on this agreement.
I/We warrant and guarantee the this agreement below.	nat all persons whose signatures are required to sign on this account have signed
This form must be completed a whichever applies.	and signed by the person(s) whose name(s) appears on the utility bill or tax roll
Signature:	Date:
Signature:	Date:

This personal information is being collected and used under the authority of Section 4(c) of the Protection of Privacy Act for the purposes relating to the administration of The City of Fort Saskatchewan's Pre-Authorized Payment Program. If you have questions about the collection, contact the Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200.