



Town of Vegreville  
 4829 50 Street  
 Postal Drawer 640  
 VEGREVILLE, ALBERTA T9C 1R7

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**UTILITIES PRE-AUTHORIZED PAYMENT PLAN AUTHORIZATION FORM**

LAST NAME		FIRST NAME		INITIAL
SERVICE ADDRESS		UTILITY ACCOUNT NUMBER		
PRE-AUTHORIZED DEBIT (PAD) CATEGORY (please check one)      PERSONAL/HOUSEHOLD <input type="checkbox"/> BUSINESS <input type="checkbox"/>				
NAME OF FINANCIAL INSTITUTION		ADDRESS OF FINANCIAL INSTITUTION		CHEQUING ACCOUNT NO.
AUTHORIZED PAYMENT WITHDRAWAL START ON: (FOR ADMIN USE ONLY)			FOR BILLING PERIOD: (FOR ADMIN USE ONLY)	

I / WE HEREBY AUTHORIZE MY / OUR BANK

- To begin to debit my/our account as indicated above on a monthly basis for full payment of my/our Town of Vegreville utility account on the statement due date. The Town of Vegreville will provide a statement at least 15 days prior to the due date indicating the amount due. The Town of Vegreville will obtain my/our authorization for any other one-time or sporadic debits.
- The treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing payments as indicated and to debit the amount specified to my/our account.
- Any returned payments will be subject to a service charge.
- I/We may change/cancel this authorization by filling out the appropriate form available at the Town Office.
- Any delivery of this authorization to you constitutes delivery by me/us.
- This authorization may be cancelled at any time upon written notice by me/us.
- The Town Manager may cancel my/our privilege of continuing in the Plan if two consecutive payments fail to be honored in any year.
- 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 debit that is not authorized or is not consistent with this agreement. I/We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

SIGNATURE	DATE	PHONE NUMBER
SIGNATURE	DATE	PHONE NUMBER

**PLEASE NOTE:**

- For verification purposes please enclose a **VOID cheque** verifying the account payments are to be drawn from.
- For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.
- In the event of a sale of the above noted property, or a change in bank accounts, it is your responsibility to immediately notify the Utilities Department at the Town Office to arrange for cancellation or transfer of the Plan.