



UTILITY PRE-AUTHORIZED PAYMENT PLAN

Utility Account Number: _____

Civic Address: _____

1. APPLICANT INFORMATION

First Name (Please Print)	Last Name (Please Print)	Contact Telephone Number or Email Address
_____	_____	_____
First Name (Please Print)	Last Name (Please Print)	Contact Telephone Number or Email Address
_____	_____	_____

2. BANKING INFORMATION

What type of banking account will your monthly utility payments be withdrawn from?

Personal Business

Are you providing a void cheque or pre-authorized form obtained from your financial institution with this application?

Void Cheque Pre-Authorized Form

3. PAYMENT INFORMATION

I/We authorize the Town of Hanna to debit my(our) account as indicated on the attached banking information. This authority will remain in effect until I/We or the Town of Hanna notify the other of termination. The total amount of the debit to my(our) account will be indicated as balance due on the utility notice, and will occur on the last business day of each billing month.

4. APPLICANT SIGNATURE

I/We agree to the terms and conditions outlined on the back of this form

Signature	Date
_____	_____
Signature	Date
_____	_____



ADDITIONAL INFORMATION

- All banks are participating
- If your bill is not correct contact the office as soon as possible. We will review your billing statement and make necessary adjustments prior to the pre-authorized payment being applied.
- Please note that your payment will be deducted early the morning of the due date. Therefore, sufficient funds or bank approved overdraft protection must be available at the time to avoid non-sufficient funds (NSF) or returned payment charges.

OFFICE USE ONLY

___ Mais – Utility Billing > Customer > Service Tab > Input the number 1 in Garbage Address House

___ Mais – Pre-Authorized Module > Maintain Client

___ Excel – W:\41-02 Water Lines & Distribution\Auto Debit Payments Report

