

**PREAUTHORIZED PAYMENT FORM
UTILITY ACCOUNT**

Name: _____ Account Number: _____

Property Address: _____

I/We hereby authorize my/our bank:

Financial Institution: _____ Branch Location: _____

Transit # (5 digits): _____ Bank Code (3 digits): _____ Account Number: _____

_____ **Change Bank Information** _____ **Stop PAP – Effective:** _____

To debit my/our account as indicated above in the amount of the actual monthly utility bill on the last business day of the month starting _____.

- This authorization may be cancelled at any time upon written notice by me/us.
- Payments dishonored as N.S.F. are subject to a \$15.00 Service Charge.
- After two (2) such dishonored payments, the plan will be cancelled by the Finance Manager or Utility Officer of the City of Weyburn.
- In the event of a change of residence on the above noted property, or a change in bank account, it is the responsibility of the property resident to immediately notify the City of Weyburn.

DATE: _____ SIGNATURE: _____

TELEPHONE: _____ SIGNATURE: _____

*** Please enclose a void cheque with your completed form.**