



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 #: _____

_____ **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 dishonoured as N.S.F. are subject to a \$15.00 service charge;
- After two (2) such dishonoured payments, the plan will be cancelled by the Finance Manager or Taxation Officer of the City of Weyburn; and
- 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.

(Signature)

(Date)

(Telephone)

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

