



PRE-AUTHORIZED UTILITY PAYMENT AUTHORIZATION

Utility Customer Name: _____ Roll # _____
(Office use only)

Type of Service: Personal _____ Business _____ Phone _____ ID #: _____
(Office use only)

Account: _____ Service Address: _____

Email: _____

I/we authorize the City of Spruce Grove and the financial institution designated to debit my/our bank account as per the attached cheque for payment in full of all charges arising under my/our utility account on the 1st day of the billing month. The amount to be withdrawn will be the outstanding amount shown on the utility bill.

This authority is to remain in effect until a written notification to change or terminate is received. Written notice of cancellation or changes must be received by the 25th day of the month to be effective for the following payment date.

Submit completed form and void cheque by:

E-mail: utinfo@sprucegrove.org Fax: 780-962-2526, or in person to 315 Jespersen Ave, Spruce Grove.
Call 780-962-7597 if you require assistance

AUTHORIZATION TO ACCEPT FINANCIAL LIABILITY OF FINANCIAL ACCOUNT HOLDER

Whenever the financial account holder is a party other than the utility customer, the financial account holder agrees to waive any requirement for pre-notification of pre-authorized debits drawn against the financial account in accordance with this authorization. The financial account holder also acknowledges that the City of Spruce Grove will only notify the utility customer when a payment fails to be honored for any reason by the designated financial institution. All dishonored payments must be paid in full within two weeks to continue on the payment plan. A \$36 fee will be charged to the utility account for all dishonored payments and will be the responsibility of the utility customer. The financial account holder accepts responsibility for any bank charges resulting from a dishonored payment.

Financial account holders have certain recourse rights if any debit does not comply with this agreement. To obtain more information in your recourse rights contact your financial institution or visit www.cdnpay.ca.

Bank Account Holder Name: _____ Signature: _____

Utility Customer Name: _____ Signature: _____

Date: _____

GUIDELINES

Customers will continue to receive utility bills and there is no administration fee. The amount of the account balance will be withdrawn on the 1st day of the billing month.

Applications must be received by the 25th day of the billing month and be accompanied by a void cheque or direct debit form.

This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to register a utility account for the pre-authorized payment plan. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-962-2611