

TOWN OF WHITECOURT
BOX 509, WHITECOURT, AB. T7S 1N6

DEBIT DIRECT UTILITY BILL AGREEMENT

I(we) the undersigned hereby agree to participate in the above noted Utility Bill Payment Program.

I(we) hereby authorize the Town of Whitecourt to debit my (our) account indicated below, in the amount of the monthly utility bill on the 7th day of each month, commencing with the 7th day of _____.

This agreement shall stay in effect until such time as it is canceled in writing by me (us) or by the Town of Whitecourt.

I(we) will notify the Town of Whitecourt **in writing**, if I(we) move the account from one bank or branch to another or if there is any change in the account.

I(we) understand that the bank is not responsible to verify whether these payments are properly debited to my(our) account.

I(we) understand that a \$25.00 fee, in addition to any fees that the bank charges, shall be charged to me(us) if an automatic withdrawal is returned from the bank due to an inability to withdraw funds from that account. Payment in cash to cover the account balance plus the bank charges, will be required to be paid at the office by me(us), and that if not paid will result in all penalties and any disconnection rules to apply as provided for in the Utility By-Law (411).

“You [or I/We, depending on the context] have certain recourse rights if any debit does not comply with this agreement. For example, you [I/we] have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on our [my/our] recourse rights, [I/we may] contact your [my/our] financial institution or visit www.cdnpay.ca.”

I(we) understand that delivery of this agreement authorization to the Town of Whitecourt, constitutes delivery by me(us) to the bank.

I(we) am/are all the persons who are required to sign on this account.

Dated at Whitecourt, Alberta this _____ day of _____.

Customers Signature(s) _____

DIRECT DEBIT PAYMENT UTILITY BILL AUTHORIZATION FORM

CUSTOMER NAME(S): _____

Copy of agreement Declined.

STREET ADDRESS: _____

UTILITY ACCOUNT: _____

PHONE NUMBER: _____

****PLEASE ATTACH A CHEQUE MARKED “VOID” OR YOUR EFT BANKING INFORMATION**