



PRE-AUTHORIZED UTILITY PAYMENT AUTHORIZATION

Utility Customer Name: _____ Roll # _____

Type of Service: Personal _____ Business _____

Account # _____ Service Address: _____ Phone # _____

I/we authorize the Town of Onoway 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 last business 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 The amount to be withdrawn will be the outstanding amount shown on the utility bill.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 at least ten (10) business days before the next debit is scheduled and will be accepted from either the registered property owner or financial account holder.

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 requirements 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 Town of Onoway will only notify the utility customer when a payment fails to be honored for any reason by the designated financial institution. A \$25.00 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.

Financial Account Holder: _____ Signature: _____

Utility Customer Name: _____ Signature: _____

Date: _____

GUIDELINES

Customers will continue to receive monthly utility bills. The amount of the account balance will be drawn on the last business day of the month.

Applications must be received by the 10th day of the billing month and be accompanied by a void cheque or direct debit form.

All dishonored payments must be paid in full within two weeks to continue on the payment plan. An NSF fee of \$25.00 will be charged for all dishonored payments.

Cancellations must be received prior to the 10th day of the billing month to take immediate effect.