FOR OFFICE USE ONLY

Customer ID: _____

Setup done by: _____

Utility Pre-Authorized Payment Application

Personal Information

Account Name: _____

Service Address and Telephone #: _____

_____

Mailing Address (if different from service address): _____

_____

Utility Account # (Ten Digits): _____

Banking Information (attach VOID cheque)

Name of Financial Institution: _____

Address and Telephone #: _____

Bank # _____ (3 numbers) Branch # _____ (5 numbers) Account # _____

I hereby authorize the City of Dauphin to withdraw the utility balance due from my bank account on the said specified date.

I/We have certain recourse rights if any debit does not comply with this agreement. I/ We have the right to receive reimbursement for any debit that is not authorized or is not consistent with PAD Agreement. To obtain more information contact your financial institution or visit www.cdnpay.ca.

Signature: _____ Date: _____

Print Name: _____

This agreement may cancelled provided notice is given at least thirty **(30)** days before the next scheduled payment occurs by contacting City Hall, 100 Main St S, Dauphin, MB R7N 1K3, 204-622-3200. Any charges that result from non-cancellation of this pre-authorized payment will be at your expense.

File #03.06.COM.AC