UTILITIES ACCOUNT
PREAUTHORIZED PAYMENT PLAN

Applicant Information			
Account Number			
Payment Amount Requested			
Property Address			
E-Mail Address			
Phone Number			
First Name (1)		Last Name (1)	
First Name (2)		Last Name (2)	
Mailing Address (n/a if same as above)			
**For joint accounts include all signatories.*			

Financial Institution Details *You must provide a void cheque for your account.*		
Name:		
Branch (3 digits)	Transit (5 digits)	Account

Terms and Conditions

- **Utilities account payments** will be taken on the **1st of the month from March to December**; if the date falls on a weekend or statutory holiday, payment will be taken on the next business day.
- Payments will be taken until the City receives a written request to stop.
- NSF fee of $30.00 will be applied to returned payments
- Two returned payments will result in termination of the pre-authorized payment plan.
- The registrant is obligated to cancel any pre-authorized payment plans should ownership change.
- The account holder is responsible to ensure the full amount owing is paid by the due date.
- All account signatories must sign this pre-authorized agreement below.

_____ I/We acknowledge the payment plan may not cover the full balance due for the year and it is my responsibility to ensure that my balances are paid in full.

Signature (1) _____ **Signature (2)** _____

Print _____ **Print** _____

Date _____ **Date** _____

_____ I/We hereby authorize the City of Trail to withdraw payments in the amount provided above to apply to the designated account.

_____ I/We must give a minimum of two weeks' notice in-writing to the City for any changes or cancellations.

DEPARTMENT OF FINANCE – TAXATION AND UTILITIES
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