

# **UTILITY ACCOUNT APPLICATION**

				ortmacleod.com or 403-553-4425.	
☐ New Application	☐ Tenant Applica	ation 🗆 Trustee/	Executor (hard copy req	uired) Date:	
Account Type:					
☐ Residential	☐ Commercial	□ Industrial	☐ Institutional	☐ Municipal	
Name:	Name:Phone:				
Mailing Address:		Street Address			
Email (print o	clearly):		~~~~		
Account Nu	mber:	P	Possession/Change Date:		
Signature_					
Note: The Town requ	iires a Change of Owne	rship notification as p	roof of possession date	to ensure accurate billing cutoff.	
Would you like	to sign up for e	-billing? □ Yes	s □ No		
By signing below,	I signify that I, the	account holder, h	ave read and agree	to the terms as follows:	
<ul><li>-It is the according writing, of -Non-receipt</li></ul>	ount holder's responsib any changes to that e t is not justification for	oility to provide the co mail address. or late payment (and	PDF attachment via the rrect email address to the Impenalties will NOT be vice you will no longer r		
Print Name:		Sign	ature		
Would you like	to sign up for m	onthly utility p	reauthorized wit	thdrawals? □ Yes □ No	
The Town of Fort Mac	leod offers you a simp	le, easy method of pa	yment through our Util	ity Payment Plan (UPP).	
Under the UPP, you w	rill continue to receive a day if the 25 <sup>th</sup> falls on	a monthly bill showing a weekend or holiday	. Use the time between	<b>unt?</b> e withdrawn on the 25 <sup>th</sup> day of the month or neceiving the bill and its withdrawal date to	
What if you move, If for any reason you Office. Please give u	need to change or	cancel the UPP, se	end the request in wri	iting to the Utility Clerk at the Town the next UPP withdrawal date.	
*To complete appli your banking infor		se provide either	a void personalized	cheque or bank printout showing	
Print Name:		Sign	ature		



## Town of Fort Macleod PRE-AUTHORIZED MONTHLY UTILITY PAYMENT PLAN (UPP) APPLICATION

DECIDENTIAL	CONTRACTORIAL
RESIDENTIAL	COMMERCIAL

The Town of Fort Macleod offers you a **Pre-Authorized Debit Agreement** (PAD) through our **Utility Payment Plan** (UPP). You can eliminate standing in line, writing cheques and postage by using this convenient plan that authorizes automatic monthly deductions of your utility bill from your bank account. This service is **not** available for foreign bank accounts. **This program is not compulsory**.

### How will you know what deductions are being made from your bank account:

Under the **Utility Payment Plan (UPP),** you will continue to receive a monthly bill showing the amount that will be deducted. The withdrawal from your bank will take place on the 25<sup>th</sup> day of each month, or the following business day if the 25<sup>th</sup> falls on a weekend or holiday. There is a \$50.00 NSF charge on NSF UPP withdrawals. If you have any questions about our billing, please contact the Town Office at 403-553-4425 or utclerk@fortmacleod.com.

### What if you move, change banks, or decide to cancel the plan?

You may cancel your Utility Payment Plan (UPP) at any time subject to providing notice to the Town within the next billing process cycle (30 days notice). To cancel you need to provide or make available a written statement/email specifying the billing period of your final UPP payment and this must be within 10 calendar days of the payment being made. As the payor you may obtain a sample cancellation form or further information on your right to cancel a Pre-Authorized Debit (PAD) Agreement at your financial institution or by visiting <a href="https://www.payments.ca">www.payments.ca</a>.

#### Recourse rights:

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit <a href="https://www.payments.ca">www.payments.ca</a>

**Service Agreement:** I/we authorize the Town of Fort Macleod to begin automatic withdrawals for payment of my/our monthly utility bill from the bank account number identified on the void personalized cheque or bank printout. This authority is to remain in effect until there is notification of termination from the customer.

Customer Name:	Account Number:
Service Address:	Mailing Address:
Home Phone:	Alternate Phone:
Authorization:	
Signatures (s):	
Date:	

403.553.4425 • P.O. Box 1420 • 410 20th street

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