



Town of Mayerthorpe

Box 420

Mayerthorpe, AB T0E 1N0

Tel: 780-786-2416 Fax: 780-786-4590

Email: admin@mayerthorpe.ca

www.mayerthorpe.ca

Direct Debit Utility Bill Agreement

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

I (we) authorize the Town of Mayerthorpe and the financial institution designated to begin deductions as per my/our instructions for monthly payments, for payment of all charges arising under my/our Town of Mayerthorpe Utility Account(s) on the 15th day of each month, commencing with the 15th of _____, 20__.

This Agreement is to remain in effect unless the Town of Mayerthorpe has received **written notification** from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above.

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 \$37.50 Non-Sufficient Funds (NSF) 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 NSF Fee will be required to be paid at the Town Office by me(us), and that if not paid will result in all penalties and disconnection rules to apply as provided for in the Utilities Bylaw.

I(we) understand and agree that if this Pre-Authorized Payment is returned two consecutive times, this Agreement will be voided and alternative arrangements will have to be made for at least one year after the second payment has been returned.

Town of Mayerthorpe may not assign this Agreement, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I(we) understand that delivery of this Agreement to the Town of Mayerthorpe 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 Mayerthorpe, AB this _____ day of _____, 20_____.

Land Owner Signature(s) _____, _____

DIRECT DEBIT PAYMENT UTILITY BILL AUTHORIZATION

Customer Name (s): _____ Phone #: _____

_____ Phone #: _____

Utility Account Number(s): _____

Financial Institution (FI): _____

FI Transit Number: _____ - _____ FI Account #: _____
5 digits 3 digits

Note: Please provide a VOIDED cheque OR a Pre-authorized Transaction Form issued by your Financial Institution.

The personal information on this form is being collected pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIPP). For further information please contact the FOIPP Coordinator, Town of Mayerthorpe, 780-786-2416.