

SECTION 1: TYPE OF APPLICATION

☐ New

☐ Change

☐ Cancellation

SECTION 2: APPLICANT INFORMATION

Name(s):		Application Date:
Utility Account No:	Service Address:	
Mailing Address (if different than Service Address):		
Phone No:	Email:	

SECTION 3: BEGIN/CHANGE UTILITY PRE-AUTHORIZED PAYMENT PLAN TERMS AND CONDITIONS/STATEMENT OF APPLICANT(S)

- I/we authorize the City of Cold Lake and the designated financial institution to begin deductions, as per my instructions, for monthly recurring payments for charges associated with my City of Cold Lake utility account. I/we hereby authorize The City of Cold Lake to withdraw funds from my bank account as indicated in Section 4 or on the attached void cheque or EFT Authorization Form included with my application.
- I/we understand that regular monthly payments for the full amount of services delivered will be withdrawn from my account on the due date of each City of Cold Lake utility invoice. The City of Cold Lake provides written notice of the amount on each utility invoice.
- I/we will notify The City of Cold Lake of any changes in the account information in writing at least ten (10) business days prior to the next due date of the automatic withdrawal.
- I/we understand that this authority is to remain in effect until The City of Cold Lake has received written notice from me of its change or termination. This notification must be received at least ten (10) business days before the next withdrawal is scheduled. Notification can be given via the address provided below or emailed to utilities@coldlake.com or the online application on The City of Cold Lake's website (www.coldlake.com/utilities).
- I/we understand that cancellation of this authorization does not terminate my City of Cold Lake service but only affects my method of payment. The City of Cold Lake may terminate this authorization at any time verbally or by written correspondence at the phone number, email, or address listed on the utility account or this application form. The pre-authorization will be cancelled upon three (3) payment returns. I/we may apply for the pre-authorization to be reinstated after twelve (12) consecutive months without penalties being levied on the account.
- I/we acknowledge that The City of Cold Lake may charge my account with a service charge for each payment return as it occurs and that it may also result in termination of my participation in the Utility Pre-Authorized Payment Plan.
- I/we acknowledge that provision and delivery of this authorization to the City of Cold Lake constitutes delivery by me to my financial institution.
- For a joint account, I/we understand that all signatories must sign this application if more than one signature is required on my/our bank account.
- I/we understand that a Utility Pre-Authorized Payment adjustment will only be made under the following conditions:
 - Authorization was not provided to The City of Cold Lake;
 - Payment withdrawal was not processed in accordance with the agreement;
 - Authorization has been cancelled, and I/we have chosen another method of payment; or,
 - Payment withdrawal dispute has been made within 90 days of the disputed withdrawal being posted to my account.
- I/we understand that I/we will continue to make payments on my account until the "PREAUTHORIZED WITHDRAWAL AMOUNT" message appears on my utility bill.
- I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

I/we, _____, authorize The City of Cold Lake to **begin/change** automatic withdrawals for my utility invoice from the bank account identified in Section 4 or the attached void cheque or EFT Authorization Form effective on the _____ day of _____, 20____ for the next scheduled invoice. I understand that monthly payments will be withdrawn on the due date of the amount indicated on the invoice.

Signature: _____ Date: _____
 Signature: _____ Date: _____

SECTION 4: BANK ACCOUNT INFORMATION

Name(s) on the account:	Financial Institution Number:
Transit (Branch) Number:	Account Number:
Bank Account Holder Signature:	Bank Account Holder Signature:

SECTION 5: TERMINATION OF UTILITY PRE-AUTHORIZED PAYMENT PLAN

I/We, _____, wish to terminate automatic withdrawals for my/our utility invoice from the bank account identified on the utility account noted above effective on the _____ day of _____, 20____ for the next scheduled invoice.

Signature: _____ Date: _____
 Signature: _____ Date: _____

OFFICE USE ONLY

Received by:	Date Received:	Bill Date Implemented:
Roll No.:	Legal Address: Lot _____ Block _____ Plan _____	

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Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Protection of Privacy Act*, Sec. 4 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the ATI Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.