TOWN OF Westlock
10003- 106 Street Westlock, Alberta, T7P 2K3
Phone: (780) 349-4444 Fax: (780) 349-4436
finance@westlock.ca www.westlock.ca

AUTHORIZATION for CONSUMER PRE-AUTHORIZED DEBIT PLAN **For UTILITIES**

Instructions:
-Please complete all sections below
-A separate application is required for each individual property
-Please sign and date the bottom of this authorization
-Return the completed form with a blank cheque marked 'VOID' to the Town Office, for Pre-Authorized debit from bank account

TERMS and CONDITIONS:

I/We, _____

Of _____

MAILING ADDRESS **POSTAL CODE**

Being the ☐ Owner(s) ☐ Renter(s) as property described as:

_____ Utility Account# _____

Land Description Lot, Block, Plan

_____

Municipal Street Address

Agree to participate in the Pre-Authorized Debit Plan for Utilities, and I authorize the Town of Westlock to draw a debit in paper, electronic or other form for the purpose of making payment for utility services provided:

☐ on my account at the financial Institution Indicated below and I authorize the financial institution to honor and pay such debits

☐ on my MasterCard, Visa or AMEX indicated below, which alternative shall require the payment of a convenience service fee of 20.00 per year

I agree that any direction I may provide for Pre-Authorized debit in accordance with this Authorization, shall be binding on me as if signed by me, and in the case of paper debits, as If they were cheques signed by me.

I understand that I shall receive notice from the Town of Westlock in the form of a monthly Utility Bill indicating the amount of the debit that will automatically be drawn on the last working day of the month of billing, beginning in the month of _____,20_

I certify that all information provided with respect to the account Is accurate and I agree to Inform the Town of Westlock In writing, of any changes In the Account Information provided In this Authorization of at least (l0J business days prior to the next due date of Pre-Authorized Debit.

I may revoke this Authorization at any time upon two (2) weeks written notice to the Town of Westlock.

Pre-Authorized Debits that are dishonored as NSF are subject to a 40.00 service charge and the utility account will be levied applicable penalties. I understand that two 12) dishonored payments by me as the payer will result in the Pre-Authorized Debit service being cancelled.

I/We hereby authorize the Pre-Authorized debit of funds from my/our Account No._____at

_____, (voided cheque attached), or MasterCard Visa Account

Financial institution

No. _____, Expiry Date_____, In the amount of each monthly Utility Billing.

I understand and agree to the foregoing terms and conditions:

_____ _____

SIGNATURE **DATE**

_____ _____

SIGNATURE **DATE**

TOWN OF WESTLOCK
Per: _____

The personal information provided by you is being collected under the authority of the *Municipal Government Act* and will be used to process your application. This collection is authorized by section 4(c) of the *Protection of Privacy Act* (POPA). The personal information that you provide may be made public, subject to the provisions of the *Access to Information Act* (ATIA). If you have any questions about the collection, use, and disclosure of this information, please contact the Access to Information and Protection of Privacy Coordinator with the Town of Westlock at 780-349-4444.