



# DIRECT UTILITY PAYMENT AUTHORIZATION FORM

TOWN OF TOFIELD  
BOX 30  
TOFIELD, AB  
T0B 4J0  
780-662-3269

We are pleased to offer you a new method of payment for your Utility bills—Direct Payment! Payments will be automatically deducted from your bank account on the due date (15th of each month).

| ACCOUNT INFORMATION                                                                                   |                        |                                                                  |
|-------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------|
| SERVICE ADDRESS:                                                                                      |                        | OWNER: <input type="checkbox"/> TENANT: <input type="checkbox"/> |
| UTILITY ACCOUNT NUMBER                                                                                | NAME OF ACCOUNT HOLDER | PH#                                                              |
| MAILING ADDRESS                                                                                       |                        | E-MAIL                                                           |
| DO YOU WISH TO RECEIVE YOUR BILLS BY E-MAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO |                        |                                                                  |
| FINANCIAL INFORMATION                                                                                 |                        |                                                                  |
| NAME OF FINANCIAL INSTITUTION:                                                                        |                        |                                                                  |
| BRANCH ADDRESS:                                                                                       |                        |                                                                  |
| BANK #                                                                                                | BRANCH #               | ACCOUNT #                                                        |
| PLEASE ATTACH A VOID CHEQUE OR DIRECT DEPOSIT SET-UP FORM FROM THE BANK                               |                        |                                                                  |

1. I hereby authorize Town of Tofield and its Financial Institution to debit my account monthly at the financial institution name below, in the amount of my utility bill on the 15th day of each month.
2. This agreement will remain in effect until Town of Tofield receives a notice of cancellation from me or my financial institution or until I submit a new direct debit form.
3. In the event of a move or a change in bank accounts it is your responsibility to contact Town of Tofield to arrange cancellation or update your Direct utility Payment information.
4. Any payments returned NSF or otherwise non-negotiable shall be subject to a service charge. Regular collection procedures shall apply to any returned payment. If two (2) payments are defaulted this agreement will be cancelled and all utilities shall be due and payable immediately and can be subject to disconnection of services.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_