



TOWN OF CROSSFIELD PRE-AUTHORIZED UTILITY PAYMENT APPLICATION

PLEASE PRINT

Utility Account No:	Civic Address:
Applicant(s) Name:	
Applicant(s) Mailing Address:	
Phone No:	Type of Service: <input type="checkbox"/> Personal or <input type="checkbox"/> Business
Email Address:	

I/We the applicant(s):

- Acknowledge the Utility Collector may refuse a utility payer’s request to be included in payment plan due to outstanding balances on the account.
- Acknowledge utility payers will continue to receive a utility notice showing the utility amount. The ‘amount now due’ shown will be the amount debited from the account.
- Acknowledge all utility notice payments are due on the due date as indicated on the utility notice and shall be paid by automatic bank withdrawal from an account at a bank designated by the utility payer within Canada. No foreign bank accounts permitted.
- Acknowledge if for any reason the utility payer needs to change or cancel the utility payment plan, the utility payer must send written notice to the Town Office a minimum of ten (10) working days prior to the due date of the notice.
- Acknowledge if a payment is missed a fee will be charged, as laid out in the town’s most recent Fees and Rates Bylaw.
- Acknowledge if two consecutive payments are missed, the utility collector shall cancel the agreement upon default and all unpaid utilities become due and payable and are subject to penalties in accordance with the towns most recent Fees and Rates bylaw.
- Acknowledge in the event a utility payer requests removal from payment plan pursuant to the above section, all utility notice balances will then become due and owing on the due date for that notice and penalties will apply to all unpaid utilities due after the due date.

Service Agreement: I/we authorize the Town of Crossfield (utility collector) to begin automatic withdrawals for payment of my/our bi-monthly utility bill from the bank account identified on the enclosed cheque/bank draft. This authority is to remain in effect until there is written notification of termination from the utility payer.

AUTHORIZATION	
Authorized Signature:	Date Signed (MM/DD/YYYY)
**Authorized Signature:	Date Signed (MM/DD/YYYY)
** For joint accounts where more than one signature is required on cheques, both are required.	

Please attach a VOID cheque or bank draft or complete the banking information below.

Name of Financial Institution	
A. This is the cheque number	(do not enter this number)
B. This is the transit/branch number (5-digit number)	
C. This is the institution number (3-digit number)	
D. This is the account number. Please include any spaces that appear.	

The image shows a 'Sample Cheque' form. At the bottom, a red box highlights the MICR line: *999 12345678901011 999-999-9*. Below this line, four red arrows point to labels A, B, C, and D, which correspond to the fields in the table to the left. Label A points to the first three digits (999), B to the next five digits (12345), C to the next three digits (678), and D to the final four digits (9010).

Please submit completed form & void cheque to town@crossfieldalberta.com , by Fax :403-946-4523 or in Person at 1005 Ross St. Crossfield, AB TOMOSO

This Pre-Authorized Utility Payment agreement may be amended by the utility collector from time to time.

Bank account holders have certain recourse rights if any debit does not comply with this agreement. To obtain more information on recourse rights contact your financial institution or visit www.cdnpay.ca

Your personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed in accordance with the provisions of FOIP. Personal information may be used and shared with external services, provides for registration, administrative, and billing program purposes. If you have any questions about the collection of your personal information, contact the Town of Crossfield at 403-946-5565.

1005 Ross Street | P.O. Box 500 | Crossfield, AB. TOM OS0 | (403) 946-5565