

**PRE-AUTHORIZED BI-MONTHLY UTILITY PAYMENT PLAN APPLICATION
TOWN OF CROSSFIELD**

The Town of Crossfield offers you a simple, easy method of payment through our Pre- authorized Payment Plan. You can eliminate standing in line, writing monthly cheques and postage by using this convenient plan that authorizes automatic bi-monthly deductions from your bank account. Unfortunately, this service is not available for foreign bank accounts. **This program is not compulsory.**

How will you know what deductions are being made from your account?

Under the Pre-Authorized Plan you will continue to receive a bill bi- monthly showing the amount that will be deducted. If you have any questions about your billing, please call our office 946-5565. We can also be reached by fax at 946-4523.

What if you move, change banks or decide to cancel the plan?

If for any reason you need to change or cancel the Pre- Authorized Payment Plan, send the request in writing to the Town Office and we will make the changes you need. Please inform us of these changes a minimum of five working days prior to the due date on your bill.

How do you apply the Pre- Authorized Payment Plan?

Please complete the attached application form and return it, with a void personalized cheque showing the bank account you want us to use. We will take care of the details for you. The withdrawal from your bank account will be on the 15th day of the month the bill is due or the following business day if the 15th falls on a weekend.

Thank you for joining the Pre – Authorized Payment Plan.



**TOWN OF CROSSFIELD
PRE-AUTHORIZED BI-MONTHLY UTILITY PAYMENT PLAN APPLICATION**

To join our Pre – Authorized Payment Plan,
Please complete and return this application along with a void cheque.

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

PLEASE PRINT	CUSTOMER INFORMATION
Customer Name:	
Mailing Address:	City/Town:
Residence Phone:	Business Phone:

Town of Crossfield customer account number.

AUTHORIZATION	
Authorized Signature:	Date Signed (DDMMYYYY)
**Authorized Signature:	Date Signed (DDMMYYYY)

** For joint accounts where more than one signature is required on cheques, both are required.

PLEASE ENSURE A VOID CHEQUE IS RETURNED WITH COMPLETED APPLICATION