



TOWN OF FORT QU'APPELLE
PRE-AUTHORIZATION PAYMENT

PAYMENT AGREEMENT FORM

Customer (Name) _____ Phone# _____

Box# _____ Civic Address _____ Email Address _____

City/Town _____ Province _____ Postal Code _____

UTILITY ACCOUNT EFFECTIVE _____ AMOUNT _____

PROPERTY TAX EFFECTIVE _____ AMOUNT _____

I/We hereby authorize TOWN OF FORT QU'APPELLE to debit my/our account on the 16th day of each MONTH starting on _____, for payment payable to the TOWN OF FORT QU'APPELLE, at the financial institution named below.

This agreement will remain in effect until TOWN OF FORT QU'APPELLE receives the cancellation form from me.

Account Information

Name of Financial Institution: _____

Bank Number _____

Transit Number: _____

Account Number: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Please attach a voided check