



Utility Payment Plan (UPP)

Customer Information *(Please Print)*

Utility Account #: _____ Civic Address: _____

Name of Registered Owner (s): _____

Mailing Address: _____

Phone #: _____ Email: _____

Bank Account Information

Name of Financial Institution: _____

Branch Transit #: _____ Account #: _____

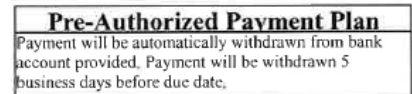
Branch Address: _____

I/We the undersigned authorize the District of 100 Mile House to debit the account identified above for the **total balance** shown on your bill. Once your Automatic Utility Payment Plan is active, it will be clearly marked on your bill. It is your responsibility to ensure there are sufficient funds in the account on the payment withdrawal date shown on your bill. Rate changes are reflected in the April billing annually.

This plan is for Utility Payments only; a separate form is required for our Property Tax Prepayment Plan.

This application authorizes the District of 100 Mile House to automatically withdraw payments directly from your bank account five (5) business days before the bill due date. Automatic payments will continue until notified by account holder to cease or notification of property sale is received from Lands Title Office.

Dishonoured Payments: A service charge will be applied to payments returned by the bank. Your enrollment in the plan(s) will be cancelled after two (2) consecutive returned payments.



Look for this box on your utility bill to verify that you have been set up for U.P.P.

A void cheque must be attached.

Utility Payment Plan Details

I/We may revoke my/our authorization at any time, subject to providing written notice of at least fifteen (15) business days before the next debit is scheduled. To obtain a sample cancellation form or for more information on my/our right to cancel a PAD, I/we may contact my/our financial institution or visit www/cdnpay.ca.

I/We agree to give written notice to the Payee of any changes with respect to the account against which I/We have designated the PAD to be drawn. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement.

For joint accounts all depositors must sign the application if more than 1 signature is required for account authorization.

Signature: _____ Date: _____

Signature: _____ Date: _____

The information collected on this form will be managed, used and disclosed in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*.