



COUNTY OF NORTHERN LIGHTS

Box 10, #600-7th Avenue NW, Manning, AB T0H 2M0

Phone: (780) 836-3348 Fax: 836-3663

E-mail: countyofnorthernlights@countyofnorthernlights.com

**APPLICATION FOR PRE-AUTHORIZED PAYMENT PLAN
UTILITIES**

CUSTOMER INFORMATION

Name _____ Phone No (Home) _____

Address _____ Phone No (Bus.) _____

Postal Code _____ Cell Phone _____

Legal Location _____ Or Plan No _____ Block _____ Lot _____

Utility Account No.

Type of Service Residential Business

BANKING INFORMATION

Chequing Account Savings Account

Bank Transit No. Financial Institution No.

Bank Account No.

PLEASE ATTACH A VOID CHEQUE TO THIS APPLICATION

PRE-AUTHORIZED DEBIT DETAILS

I/we the Applicant(s) authorize the County of Northern Lights and ATB Financial to debit my/our account for the payment of my utility bill payable to the County of Northern Lights on the 25th day of the month for the above named property. I understand that my monthly utility bill may vary according to usage.

This authority is to remain in effect until County of Northern Lights has received written notification from me/us of its change or termination. This notification must be received at least fifteen (15) business days before the next debit is scheduled.

I/we acknowledge that it is my responsibility to inform the County of Northern Lights with a minimum fifteen (15) days notice should my/our banking information change. I/we likewise acknowledge the right for the County to cancel my/our participation in the payment plan if any payments are not honored by my/our bank. Unpaid utilities as of the date of termination of participation in the plan will be subject to a 2% penalty as per Water/Wastewater Bylaw #12-40-309 and a fee of \$20.00 will be charged for any returned payments.

I/we acknowledge by signing this application, my/our current utility account is paid in full.

Name of the Account Holder (Pls. Print)

Name of the Joint Account Holder (Pls. Print)

Signature of the Account Holder

Signature of the Joint Account Holder

Date Signed

Date Signed

For Office Use Only

Date Entered on System _____ Entered By _____ Tax Roll No. _____

Personal information requested on this form is protected under the "Freedom of Information and Protection of Privacy Act" (FOIP). Collection of the personal information is authorized under FOIP, Sections 33, 34, and 35. If you have any questions regarding FOIP, please telephone (780) 836-3348 and ask for the FOIP Coordinator.