

**TOWN OF GIBBONS
AUTHORIZATION FOR
RENTER PRE-AUTHORIZED UTILITY PAYMENT PLAN**

Instructions:

- Please complete all sections below.
- Please sign and date the bottom of authorization.
- Return the completed form with a blank cheque marked "VOID" to the Town office

Terms and Conditions:

1. I agree to participate in this Pre-Authorized Utility Payment plan for consumer purposes and I authorize the Town of Gibbons to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods and/or services (a "Consumer PAP"), on my account at the financial institution indicated below and I authorize the Financial Institution to honor and pay such debits.
2. I agree that any direction I may provide to draw Consumer Pre-Authorized Payment drawn in accordance with this Authorization, shall be binding on me as if signed by me, and in the case of paper debits, as if they were cheques signed by me.
3. I understand that I shall receive notice from the Town of Gibbons in the form of a Utility Bill indicating the amount of the debit that will be drawn on the 5th of each month, beginning the first month after receiving the authorization. I understand and agree that once I have received the notice in the form of a Utility Bill if I have any questions or discrepancies in regards to the billing, I will contact the Town Office within 7 days after the billing date.
4. I certify that all information provided with respect to the account is accurate and I agree to inform the Town of Gibbons in writing, of any changes in the Account information provided in this Authorization at least (10) business days prior to the next due date of a Consumer Pre-Authorized Payment.
5. I may revoke the Authorization at any time upon two weeks written notice to the Town of Gibbons office
6. Consumer Pre-Authorized Payments that are dishonored as N.S.F. are subject to a \$25.00 service charge and the utility account will be levied applicable penalties.
7. I understand that after one (1) dishonored payment by me as the payor results in the pre-authorized utility payment plan service being cancelled and I will then be required to pay the \$75.00 deposit.

I understand and agree to the foregoing terms and conditions:

Name of Account Holder	Signature	Date
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Payor Financial Institution/Banking Information (Please print clearly)

Name of Financial Institution _____

Branch Number _____ Branch Address _____

Chequing Account Number _____