



Town of Gibbons

Box 68, Gibbons, AB, T0A 1N0
Phone (780) 923-3331 Fax (780) 923-3691

PRE-AUTHORIZED WITHDRAWAL UTILITY PAYMENT PLAN AUTHORIZATION

TERMS AND CONDITIONS:

1. I agree to participate in the 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 taxes, 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 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. Any payments that are dishonored by the Payor's financial institution due to non-sufficient funds will incur a \$ 25.00 NSF fee, which will be added to the applicable utility account and levied penalties will be added.
7. I understand that after one (3) dishonored payment by me as the payer results in the pre-authorized utility payment plan service being cancelled.

I UNDERSTAND AND AGREE TO THE FOREGOING TERMS AND CONDITIONS

NAME OF ACCOUNT HOLDER(S):

ACCOUNT HOLDERS ADDRESS:

ACCOUNT HOLDERS PHONE NUMBER:

NAME OF FINANCIAL INSTITUTION:

BRANCH ADDRESS:

ACCOUNT NUMBER:

BRANCH NUMBER:

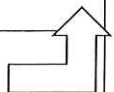
INSTITUTION NUMBER:

UTILITY ACCOUNT NUMBER:

Collection and Use of Personal Information

Personal information is collected in accordance with section 3 of the Municipal Government Act and section 33 © of the Freedom of Information and Protection of Privacy Act. It will be used to process and activate pre-authorized montly charges of annual property taxes, including any local improvement levies payable to Town of Gibbons. If you have any questions about the collection and use of the information contact the Town of Gibbons FOIP Coordinator at (780) 923-3331.

PLEASE RETURN THIS COMPLETED FORM WITH A BLANK CHEQUE MARKED "VOID" TURN PAGE



_____ Applicant (print name)	_____ Applicant Signature	_____ Date
_____ Applicant (print name)	_____ Applicant Signature	_____ Date

Office use only:

Date processed: _____