

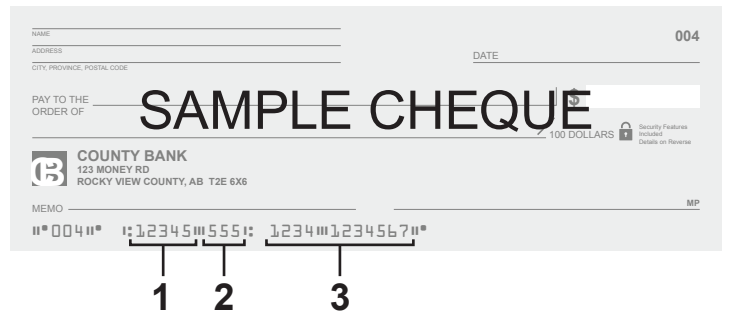


CHANGE OF BANKING INFORMATION

UTILITIES PRE-AUTHORIZED PAYMENT PLAN

OWNER INFORMATION			
Name:			
Municipal address:			
<i>Town</i>		<i>Province</i>	<i>Postal Code</i>
Mailing address: (if different from above)			
<i>Town</i>		<i>Province</i>	<i>Postal Code</i>
Account number: <input style="width: 100px;" type="text"/>		Roll number: <input style="width: 100px;" type="text"/>	
Type of account: <input type="checkbox"/> Personal <input type="checkbox"/> Business		Phone:	Alternate phone:
Effective date:			

BANK ACCOUNT INFORMATION
Use the sample cheque to the right to help you fill in the three fields below, or attach a VOID cheque.
1. Branch/Transit number:
2. Financial institution number:
3. Bank account number:



Name of account holder (please print)

Signature of the account holder

Date signed

Name of joint account holder (please print)

Signature of joint account holder

Date signed

Please bring or mail in your completed form to the County Municipal Building, fax it to 403-277-6601, or e-mail it to utilities@rockyview.ca.