

## **CHANGE OF BANKING INFORMATION**

## UTILITIES PRE-AUTHORIZED PAYMENT PLAN

CUSTOMER INFORMATION					
Name:					
Municipal address:					
		Town	1	Province	Postal Code
Mailing address: (if different from above)					
		Towi	7	Province	Postal Code
Account number:	•		Roll numb	er:	
Type of account: □ Personal □ Business	Phone:			Alternate phone	<b>e</b> :
Effective date:					
BANK ACCOUNT INFORMATION 004					
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:		PAY TO THE SAMPLE CHEQUE  COUNTY BANK 123 MONEY PD  ROCKY VIEW COUNTY, AB TZE 6X6			
2. Financial institution number:	MEMO -				
3. Bank account number:			1	2 3	
			-	_	
Name of account holder (please print)		_	Name of joint account holder (please print)		
Signature of the account holder		_	Signature of joint account holder		
Date signed		_	Date signed		

Please deliver or mail your completed form to County Hall, fax it to 403-277-6601, or email it to utilities@rockyview.ca.