





TEL 403-230-1401 FAX 403-277-6601

WEB www.rockyview.ca

UTILITIES – APPLICATION FOR PRE-AUTHORIZED PAYMENT PLAN (FLAT RATE)

CUSTOMER 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: _____ • _____	Roll number: _____		
Type of account: <input type="checkbox"/> Personal <input type="checkbox"/> Business	Phone: _____		Alternate phone: _____

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 _____		004
ADDRESS _____		
CITY, PROVINCE, POSTAL CODE _____	DATE _____	
PAY TO THE ORDER OF _____	SAMPLE CHEQUE	
	100 DOLLARS	 Security Features Included Details on Reverse
 COUNTY BANK 123 MONEY RD ROCKY VIEW COUNTY, AB T2E 3X6		
MEMO _____	MP _____	
⑈004⑈ 1:12345⑈ 5551: 1234⑈ 1234567⑈		
<div>123</div>		

PRE-AUTHORIZED DEBIT (PAD) DETAILS
I/We the applicant(s) authorize Rocky View County and Alberta Treasury Branches to debit my/our account for the payment of my/our utility bill in the amount of \$ _____ payable to Rocky View County on the last banking day of every second month as payment for utility charges for the above named property.
This authority is to remain in effect until Rocky View County has received written notification from me/us of its change or termination. This notification must be received by the County at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting www.cdnpay.ca .
I/We acknowledge that it is my/our responsibility to inform Rocky View County with a minimum 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 honoured by my/our bank. Unpaid utilities as of the date of termination of participation in the plan will be subject to a 3.75% penalty as per the Utility Penalty ByLaw, and a fee of \$25.00 will be charged for any returned payments.
I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca .

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.

Please note: Your current utility account balance must be paid first, in full, before you can be enrolled in the pre-authorized payment plan for your utility bill.