



PRE-AUTHORIZED PAYMENT FORM (PAP)

| SECTION A – APPLICANT INFORMATION | | |
|---|-----------------------|-----------------------------------|
| Last Name (as it appears on Account) | First Name | Middle Initial |
| If joint account, list other name | | City of Lethbridge ACCOUNT NUMBER |
| Email Address | Phone Number | Cell Number |
| SECTION B – PROPERTY INFORMATION | | |
| Property Address | | |
| City/Province | Postal Code | |
| SECTION C – ADDRESS FOR BILLING (if different from address above) | | |
| Alternate Address | | |
| City/Province/State | Postal Code/Zip Code | |
| Email Address | Phone Number | Cell Number |
| SECTION D – BANK ACCOUNT INFORMATION | | |
| Bank Name and Address | | |
| Transit Number (5 Digit) | Bank Number (3 Digit) | Bank Account Number |
| VOID CHEQUE MUST BE ATTACHED WITH THIS FORM | | |
| MAIL FORM AND CHEQUE TO: City of Lethbridge, Utility Services 910 - 4 Avenue South, Lethbridge, Alberta T1J 0P6 | | |

I/We hereby authorize a debit, in paper, electronic, or other form to be drawn on my/our account on the payment date of our Utility Bill. This withdrawal will be in the amount of Utility Invoice Amount.

SIGNATURE: _____ **DATE:** _____

UTILITY GUIDELINES:

- For automatic payment, I/We authorize the City of Lethbridge and its Financial Institution to debit my/our account listed above, for all utilities payable to the City of Lethbridge on the Utility Billing due date as stated on the Utility Invoice.
- A specimen cheque for my/our account marked "VOID" is attached to this application form.
- The authorized Debit for Utilities may be cancelled upon written notice by me/us not less than 14 days prior to the next invoice due date.
- I/We acknowledge any payment not honored or processed by my/our bank is subject to service charge, and that **all dishonored payments made under this plan and services charges must be paid in full within 14 days of installment (due) date** to continue participation in this plan, subject to the approval of the Utility Customer Service Manager.
- In the event I/We change My/Our bank account, I will notify the City of Lethbridge not less than **30 days** prior to the next due date and provide current cheque marked "VOID".
- By copy of the Pre-Authorized Payment Form (PAP) being provided to applicant/owner constitutes notification of Terms and Conditions of Pre-Authorized Debit and Electronic Funds Transfer Services provided by the City of Lethbridge's Financial Institution.
- In the event that the City of Lethbridge wishes to terminate or amend this contract, 14 days notice will be given to you.

The personal information requested on this form is being collected under the authority of *Alberta's Freedom of Information and Protection of Privacy Act*, Section 33C and is protected under the *Act*. It will be used for utility services and billing purposes and will be disclosed to a third party for the purpose of billing and/or City personnel as required. If you have any questions about the collection of this information contact Customer Care at 320-3111.

| FOR UTILITY SERVICES USE ONLY | | |
|--|-------------------|-------------|
| Received by: | Date: | |
| Forwarded to: Utility Services/4 th Floor | Data Input Clerk: | Input Date: |