



PRE-AUTHORIZED PAYMENT FORM (PAP)

SECTION A – APPLICANT INFORMATION		
Last Name (as it appears on Account)	First Name	Middle Initial
Business Name		
If joint account, list other name	Authorized Party 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

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:

1. 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.
2. A specimen cheque for my/our account marked "VOID" is attached to this application form.
3. 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.
4. 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 Utility Services.
5. 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".
6. 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.
7. In the event that the City of Lethbridge wishes to terminate or amend this contract notice will be given to you.
8. 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 rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

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.



COMPLETE THE ABOVE FORM, PLACE YOUR VOID CHEQUE IN THE BOX ABOVE, SNAP A PHOTO AND EMAIL TO: ucc@lethbridge.ca