

TOWN of
COALHURST



UTILITIES AUTO PAYMENT FORM

UT ACCOUNT # _____

APPLICANT NAME: _____ EMAIL: _____

PROPERTY ADDRESS: _____ PHONE: _____

CITY / TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

MAILING ADDRESS (IF DIFFERENT): _____

START MONTH: _____

TERMS AND CONDITIONS

1. **I/we authorize the Town of Coalhurst, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments on the 15th of each month** for payment of **all charges** arising under my/our Town of Coalhurst utilities account. If necessary, the Town of Coalhurst will obtain my/our authorization for any other one-time or sporadic debits.
2. **This authority is to remain in effect until the Town of Coalhurst has received written notification from me/us of its change or termination**, with the exception of the Town of Coalhurst receiving 3 NSF (non-sufficient funds) payments within a twelve (12) month period, in which case, the TAPP agreement will be terminated without written notice. These NSF Payments will be subject to a service charge penalty. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address provided below to be effective.
3. **A "Void" Cheque or a Pre-Authorized Debit form (PAD) from my/our Financial Institution must be attached** to this Application. Applications, and cheques or PAD forms can be scanned and emailed to utilities@coalhurst.ca or dropped off at the Town Office. No photographs accepted.
4. **In the event of a property sale, it is my/our responsibility to cancel** the program by submitting notification in writing to the Town of Coalhurst. Credit will not be refunded and should be accounted for in the Statement of Adjustments by your lawyer as part of the sales agreement. This agreement is for the property indicated above and is non-transferable to another address.
5. **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 Automatic Withdrawal that is not authorized or is not consistent with this Agreement.

Signature: _____ Date: _____

The personal information collected on this form will be used for the purpose of administering the Automatic Withdrawal Plan. It is collected under the authority of The Municipal Government Act, Section 340(2), and is protected under the provision of the Freedom of Information and Protection of Privacy Act.

BOX 456, COALHURST, ALBERTA TOL OVO
TELEPHONE: (403) 381-3033 FAX: (403) 381-2924
e-mail: main@coalhurst.ca
home page: www.coalhurst.ca