

CITY OF SWIFT CURRENT



AUTHORIZATION FORM – PRE-AUTHORIZED PAYMENT PLAN

NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

WORK NUMBER: _____

THIS PLAN IS NOW AVAILABLE TO ALL CUSTOMERS

Pre-Authorization Plan (PAP)

Account Number _____

I/WE HEREBY AUTHORIZE MY/OUR FINANCIAL INSTITUTION AND/OR THE CITY

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

CITY AND PROVINCE: _____

TO DEBIT MY/OUR ACCOUNT AS NOTED ABOVE ON THE DUE DATE INDICATED ON THE CURRENT UTILITY BILL.

TYPE OF ACCOUNT

- CHEQUING: please attach an unsigned cheque marked VOID.
- SAVINGS: complete the following if you wish to make payments from your savings account only

TRANSIT

BANK

PERSONAL ACCOUNT

PLEASE NOTE:

- > This authorization may be cancelled at any time upon written notice by me/us or by the City of Swift Current Utility Supervisor.
- > Notify the Utility Department of changes to my/our banking information 10 days prior to the current charge due date.
- > Pre-Authorized Payments will be drawn on Canadian dollar accounts only.
- > In the event that the Authorization form is incomplete, inaccurate or unclear; you hereby authorize the Financial Institution to release your Account Number to the City of Swift Current.

Date: _____

Signature: _____
(as you sign your cheque)

Date: _____

Signature: _____
(as you sign your cheque)

**** For a Joint Account, All Depositors must sign**

**TO REGISTER, RETURN THIS COMPLETED FORM TO:
City of Swift Current, PO Box 340, Swift Current, SK S9H 3W1**

**FOR INQUIRIES, contact Customer Service 778-2731
or The Utilities Department 778-2711**