



|                                | Current Utilities must   | t be paid in full prior to applying.          |
|--------------------------------|--|---|
| Utility Account Name(s): Phon  |  | Phone Number:                                 |
| Mailing Address: Prope         |  | Property Address:                             |
| Utility Account Number:        |  |   |
| a.                             | I hereby authorize the Town of Two Hills and its Financial Institution to debit my account monthly at the financial institution named below, in accordance with rules of Payments Canada, for the purpose of collecting monthly utility payments payable to the Town of Two Hills.   |   |
| b.                             | o. Monthly utility charges, will vary month to month dependent on your consumption. Confirmation of the variable payment amount will be sent via Canada Post no later than the 10 <sup>th</sup> of every month.  |   |
| C.                             | c. I/we agree to waive the Payments Canada pre-notification requirement in respect to all debits drawn under this authorization.   |   |
| d.                             | d. This agreement will remain in effect until the Town of Two Hills receives a written notice of cancellation, 10 business days prior to the next payment date, from me or my financial institution, or until I submit a new direct debit form.  |   |
| e.                             | e. In the event you move and/or have a change in bank accounts it is your responsibility to notify the Town of Two Hills; in writing to arrange for cancellation. Cancellation forms can be found at <a href="https://www.townoftwohills.com">www.townoftwohills.com</a>   |   |
| f.                             | f. Any payments returned NSF or otherwise non-negotiable shall be subject to a service charge. Regular collection procedures shall apply to any returned payment. If two (2) payments are defaulted this agreement will be cancelled and all taxes shall be due and payable in accordance with the Tax Instalment Payment Program and the current Property Tax Rate Bylaw. |   |
|                                |  |   |
| Vo                             | oid cheque with banking information must be atta   | ached   |
| Name of Financial Institution: |  | Payment Date. 20 <sup>th</sup> of Every Month |
| Branch Address:                |  |   |
| Branch:Account No:Account No:  |  | Account No:                                   |
| Authorized Signature:          |  | Date:   |

Authorized Signature: \_\_\_\_\_\_ Date: \_