



10511 – 103 Street
 High Level, AB
 T0H 1Z0
 Ph: 780-926-2201
 Fax: 780-926-2899

Pre-Authorized Utilities Payment Automatic Debit Application Form

Customer Information

Property Owner Name	Utilities Account Number
Street Address	Mailing Address (If different from Street Address)
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:
Phone Number	Email Address
Primary: Secondary:	

Void cheque attached – name(s) on cheque must match bank account holder(s) name(s) as indicated above. If a void cheque is not available, please provide a Pre-Authorized Debit (PAD) form from your financial institution. **This form must be received two weeks prior to date of first payment.**

I/we _____ hereby authorize the Town of High Level to debit my/our bank
 (BANK ACCOUNT HOLDER(S) NAME(S))
 account on the last day of each month for payments payable to the Town of High Level in respect to the above-Utilities account.

Authorized Signature for Bank Account	Authorized Signature for Bank Account (second signatory, if applicable)

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.