



**Town of Wainwright**  
1018 – 2 Avenue  
Wainwright, AB T9W 1R1  
Phone: 780-842-3381  
Fax: 780-842-2898  
Email: [accountspayable@wainwright.ca](mailto:accountspayable@wainwright.ca)

**PRE-AUTHORIZED UTILITY DEBIT FORM**

Utility Account: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (h) \_\_\_\_\_  
\_\_\_\_\_ (c) Email Address: \_\_\_\_\_

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**Banking Information – Please attach a copy of your “Void” cheque**

Name of Financial Institution: \_\_\_\_\_  
Branch # \_\_\_\_\_ Bank # \_\_\_\_\_ Account # \_\_\_\_\_

1. I/we authorize the Town of Wainwright and its Financial Institution to debit my account listed above on the 30<sup>th</sup> day of each month.
2. A “VOID” cheque or a signed document from my banking institution is attached to this authorization.
3. This authorization may be cancelled at any time upon notice by me/us.
4. If a monthly payment fails to be honoured by me/us, it is my/our responsibility to contact the Town of Wainwright and make good on the monthly payment, plus NSF charge, within 10 days.
5. If two monthly payments fail to be honoured this will result in termination from the plan and subject to penalties.
6. In the event of a sale of the above noted property or a change in bank accounts, I/we will notify the Town of Wainwright at least 15 days prior to the next payment date to arrange for cancellation, or to provide the new bank account information and cheque marked “VOID”.

Authorized by:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date