



**SECTION A**

**PAYOR INFORMATION**

<b>Name:</b> (Please print your name and if applicable the name of the co-signer if this is a joint bank account)		
Street Address:		
City	Province	Postal Code
Telephone (Business)	(Residence)	
<b>Your Signature</b> (authorizing the Town of Wainwright to proceed with automatic withdrawal for payment of your Utility Bill)		

**SECTION B**

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION**

Attach Voided Cheque Here	<b>Branch #</b>	<b>Institution #</b>	<b>Account Number</b>
	Account Type	Chequing <input type="checkbox"/> Savings <input type="checkbox"/>	
	<b>Name of Financial Institution</b>		
	<b>Branch Address</b>		
	<b>City/Province</b>		<b>Postal Code</b>

**SECTION C**

**UTILITY ACCOUNT INFORMATION**

<b>Utility Account #</b>
(If you have multiple utility Accounts that you want to apply this to, please list them here)
<b>Customer Name</b>

**Section D**

**PAYEE INFORMATION (for office use only)**

<b>Town of Wainwright</b>	<b>Utilities</b> (780) 842-3381	<b>Start Date:</b>
<b>1018-2 Avenue</b>	<b>Fax</b> (780) 842-2898	<b>Date Processed:</b>
<b>Wainwright, AB T9W 1R1</b>		<b>Processed by:</b> (Initials)

*The personal information contained on this form is collected under the authority of the Town of Wainwright Utility Bylaw No. 2002-06 and will be used for the purpose of account collection. If you have any questions about this collection please contact the Assistant Administrator, Town of Wainwright, (780) 842-3381.*