

## Authorization to Enroll in UPP Pre-Authorized Payment Plan (Utilities)

Utility Acct #
Customer ID:
Date of Notice:
Effective Date:

### Information

The Town of Turner Valley offers a simple, easy method of payment through our Pre-Authorized Payment Plan. This convenient plan authorizes automatic bi-monthly (every 2 months) deductions of your utility bill from your chequing account. If you would like deductions to be made from a savings account, please contact your bank, as not all savings accounts are available for this service. This service is not available for foreign bank accounts.

**How will you know what deductions are being made from your account?** Under the Pre-Authorized Payment Plan, you will continue to receive a bill every two (2) months showing the amount owing and payment due date. The deduction from your account will occur on the **due date** of the bill. The bill will also have a message section stating "Copy Only – Bill will be paid by Direct Debit". If you have any questions about your billing, simply call our office at 403-933-4944.

**What if you move, change banks, or decide to cancel the plan?** If, for any reason, you need to change or cancel the Pre-Authorized Payment Plan, just phone the Town office, write in, or visit and we will make the changes you require. Please inform us of these changes a minimum of ten (10) working days prior to the due date on your bill and we will change it for the following bill.

**How do you apply for the Pre-Authorized Payment Plan?** Simply complete this application form (see below), and return it with a void personal cheque showing the bank account number you would like us to use. We will take care of the details for you.

### Resident (Payor) Information

Name:	
Phone:	Alternate Phone:
Mailing Address:	
Residential / Civic Address:	
Owner / Renter:	If Renting, name of registered property owner:
Utility Account Number (if unknown, please leave blank for Office use):	

### Payor's Financial Institution

Name of Payor's financial institution:	
Financial institution address:	
Account number:	Void Cheque Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

### Town of Turner Valley (Payee) Information

Name of Payee: <b>TOWN OF TURNER VALLEY</b>	Phone: <b>403-933-4944</b>	Email: <b>admin@turnervalley.ca</b>
Residential / Civic Address: <b>514 Windsor Avenue NW, Turner Valley, AB</b>		Mailing Address: <b>Box 330, Turner Valley AB T0L 2A0</b>

### Authorization Agreement

1. I / We acknowledge that the Authorization is provided for the benefit of the Town of Turner Valley and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my / our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
2. I / We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
3. I / We hereby authorize the Town of Turner Valley to issue pre-authorized debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "pre-authorized debit") drawn on the Account, for the following purpose: **Payment of Utility Account.**
4. I / We may cancel the Authorization at any time upon providing written notice to the Town of Turner Valley 10 days prior to the due date.
5. I / We acknowledge that provision and delivery of the Authorization to the Town of Turner Valley constitutes delivery by me / us to the Processing Institution. Any delivery of the Authorization to the Town of Turner Valley, regardless of the method of delivery, constitutes delivery by me / us.
6. The Town of Turner Valley will provide to me / us, at the mailing address provided above:
  - a. With respect to fixed amount pre-authorized debits, written notice of the amount to be debited (the "payment amount") and the dates(s) on which the payment amount debited will be posted to my / our Account (the "payment date"), at least 10 (ten) calendar days before the payment date of the first pre-authorized debit, and such notice shall be provided every time there is a change in the payment amount or the payment date(s).
  - b. With respect to variable amount pre-authorized debits, written notice of the payment amount and the payment date(s), at least 10 (ten) calendar days before the payment date of every pre-authorized debit.
  - c. With respect to a pre-authorized debit plan that provides for the issuance of a pre-authorized debit in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Town of Turner Valley to issue a pre-authorized debit in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of Rule H1, no notice is required.
7. I / We acknowledge that the Processing Institution is not required to verify that a pre-authorized debit has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the pre-authorized debit was issued has been fulfilled by the payee as a condition to honoring a pre-authorized debit issued or caused to be issued by the Town of Turner Valley on the Account.
8. Revocation of the Authorization does not terminate any contract for goods or services that exists between me / us and the Town of Turner Valley. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods of services exchanged.
9. An NSF fee of \$25.00, as provided for by the Town of Turner Valley Policy, shall be charged for any installment that fails to be honored by the processing institution.
10. I / We may dispute a pre-authorized debit only under the following conditions:
  - a. The pre-authorized debit was not drawn in accordance with the Authorization.
  - b. The Authorization was revoked.
  - c. Pre-notification, as required under Section 6, was not received.
11. I / We have attached a specimen cheque marked "VOID" to this Payor Authorization (the "Authorization"). I / We will inform the Town of Turner Valley, in writing, of any change in the information provided in this Authorization 10 days prior to the next due date of the pre-authorized debit. I / We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any pre-authorized debit transaction. I / We understand and accept the terms of participating in this pre-authorized debit plan and agree to be bound by its terms. I / We hereby confirm that the information contained in this form is true and correct to the best of my/our knowledge.

Name (Printed):	
Authorized Signature:	Date Signed:
**Authorized Signature:	**Date Signed:

**\*\* For Joint Accounts where more than one signature is required on cheques, all required signatures must be provided.**