



## Pre-Authorized Payment Authorization Form

The Town of Taber  
A-4900 50<sup>th</sup> Street  
Taber, AB  
T1G 1T1  
Phone: 403-223-5500  
Fax: 403-223-5530

To:	Town of Taber
Name(s):	
Service Address:	
Phone Number:	
Utility Account Number:	

### Attach Void Cheque or Authorized Bank Account Information

I/We (the above named customer(s)) authorize the Town of Taber to debit my/our account indicated above, in the amount of and on the date stated on the pre-notifications.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Town of Taber as indicated and to debit the amount specified on my/our account.

I/We will notify the Town of Taber promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change to the account.

I/We understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time upon written notice at least 15 days prior to next due date by me/us to the Town of Taber. I/We understand that if I/we cancel this authorization, it does not mean that my/our contractual obligations to the Town of Taber have ended.

In the event a payment is returned for any reason, (i.e. Insufficient Funds, No Chequing Privilege) the Town of Taber will apply the appropriate "Returned Item Charge" to the outstanding account and notify the customer in writing the balance due.

Any delivery of this authorization to the Town of Taber constitutes delivery by me/us to the Bank.

I/We understand that the Town of Taber may cancel this agreement at any time if I/we are not obligating to the agreement.

I/We am/are aware all the persons who are required to sign on the above account.

I/We understand that if two pre-authorized payments are returned, the Town will cancel the pre-authorized payments agreement.

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

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