Town of Diamond Valley

Box 10, Diamond Valley, AB TOL 0H0 403-933-4348

<u>info@diamondvalley.town</u> www.diamondvalley.town

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

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

Information

The Town of Diamond 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 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 403-933-4348.

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.

Re	sid	ent (Payor) Information														
Nan	ne:															
Phone:						ernate Phone:										
Mail	ling	Address:														
Res	ider	itial / Civic Address:														
Owr	ner /	Renter:	If Rentii	ng, name of registered	l prope	erty own	ner:									
Utili	Utility Account Number (if unknown, please leave blank for Office use):															
Pa	Payor's Financial Institution															
Nan	ne o	f Payor's financial institution:														
Fina	ancia	al institution address:														
Ban	k No	o. Bank Transit No.		Account No.						Void	Chequ	e Attach	ned:	Yes □	No □	
To	wn	of Diamond Valley (Paye	e) Info	rmation												
Nan	ne o	f Payee: TOWN OF DIAMOND VALI	EY.	Phone: 403-933-43	348			Ema	ail: <u>info</u>	@Diar	nondva	alley.to	<u>wn</u>			
Res	iden	tial / Civic Address: 301 Centre Ave	nue W, I	Diamond Valley, AB		Ма	ailing /	Addres	s: Box	10, Di	amond	Valley	AB T	OL OHO		
Au	tho	orization Agreement														
2. 3. 4. 5.	the Account, for the following purpose: Payment of Utility Account. I / We may cancel the Authorization at any time upon providing written notice to the Town of Diamond Valley 10 days prior to the due date. I / We acknowledge that provision and delivery of the Authorization to the Town of Diamond Valley constitutes delivery by me / us to the Processing Institution. Any delivery of the Authorization to the Town of Diamond Valley, regardless of the method of delivery, constitutes delivery by me / us.															
7.	1 / 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 Diamond Valley on the Account.															
8.		ocation of the Authorization does not terminate ar ment and does not otherwise have any bearing on				en me / us	s and th	ne Town o	of Diamono	d Valley.	The Auth	orization a	applies o	nly to the	method of	
9. 10. 11.																
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Authorized Signature:							ate S	Signed:								
**Aı	utho	rized Signature:				**	*Date	Signed	d:							
** F	or J	oint Accounts where more than one si	gnature is	s required on cheques	, all red	quired s	signat	ures m	ust be p	orovide	d.					