



**UTILITY PRE-AUTHORIZED PAYMENT APPLICATION**

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Legal or Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**BANKING INFORMATION (attach a VOID cheque)**

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Transit #: \_\_\_\_\_ Bank #: \_\_\_\_\_ Account \_\_\_\_\_

Frequency of Payment (Circle One): **Quarterly** (Jan, April, July, Oct) or **Monthly 15th**

Payment Amount if monthly: \_\_\_\_\_

Check here if you would like the Outstanding Balance withdrawn prior to the end of each quarter on the last scheduled payment prior to the Utility Bill Due Date.

**I hereby authorize the Rural Municipality of Dufferin to withdraw the utility balance due from my bank account on the said specified date.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Customer ID: \_\_\_\_\_ Initials for Setup Done: \_\_\_\_\_