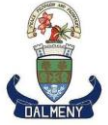


# TOWN OF DALMENY - UTILITY PRE-AUTHORIZED PAYMENT PLAN



(Please Print)

Applicant(s)

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

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Residential Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I/We hereby authorize my/our bank to:

FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

CITY AND PROVINCE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

debit my/our account, as noted above, on the 1<sup>st</sup> day of \_\_\_\_\_ 20\_\_\_\_\_ in the

amount of \$ \_\_\_\_\_ to continue on the 1<sup>st</sup> banking day of each month until further notice.

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

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

-Please return this form and sample cheque marked "VOID".