UTILITY PRE-AUTHORIZATION PAYMENT APPLICATION

Account Name:_____

Account Number:_____ Legal or Civic Address:_____

Mailing Address:_____ Phone Number:_____

Email Address:_____

BANKING INFORMATION (attach a VOID cheque)

Provide a Void Cheque *OR* a direct deposit form from your banking institution

Frequency of Payment – **QUARTERLY** (Jan, April, July, Oct)

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 #: _____ Initials for setup done:_____