



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Check here if you would like the Outstanding Balance withdrawn prior to the end of each quarter on the last scheduled payment prior to the Utility Bill Due Date.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