



Home of the Bruderheim MeteWrite

Utility Automatic Monthly Payment Request Form:

Town of Bruderheim
Box 280
Bruderheim, Alberta

TOB OSO
780-796-3731

Type of Account: Business Personal

Customer Name: _____

Account Number: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Contact No.: _____

E-Mail Address (optional):

Automatic Monthly Bank (chequing) Payment

Bank Name: _____

Branch Address: _____

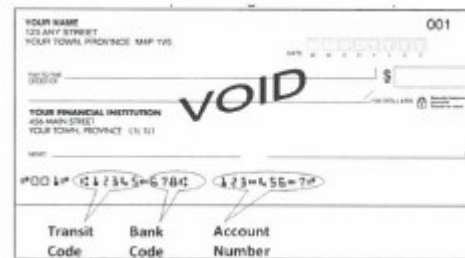
Branch/Transit Number (5 digits): _____

Bank Number (3 digits): _____

Account Number (up to 12 digits): _____

*Please include a void cheque along

with this completed form



Before you mail this form, double check that:

Form is signed

Void cheque is attached

For joint accounts, all depositors must sign this form if more than one signature is required on cheques issued for the account. Names must appear on the cheque.

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Terms and Conditions:

I (we) authorize the Town of Bruderheim to deduct my (our) monthly recurring amount directly from my (our) bank account as per the rules of the Canadian Payment Association. I acknowledge that the Town of Bruderheim will debit my (our) account on the 15th of each month. All persons whose signatures are required to sign on the bank account noted above have agreed to this authorization. I (we) will promptly notify the Town of Bruderheim in writing if there are any changes to my (our) account information. This payment authorization agreement may be cancelled at any time provided written notice is received by the Town of Bruderheim 30 days before the next scheduled due date. To obtain a sample cancellation form, or for more information on my (our) right to cancel Automatic Monthly Payment Agreement, I (we) may contact my (our) financial institution or visit www.cdnpay.ca. Cancellation of this agreement applies only to the payment method and does not cancel my (our) service with the Town of Bruderheim. I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Automatic Monthly Payment Agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca the Town of Bruderheim reserves the right to terminate my (our) enrollment into the program at anytime.