SECTION 1: APPLICANT INFORMATION			
Name:		Application Date:	
Utility Account No:		Service Address:	
Phone No.:		Email:	
SECTION 2: BEGIN/CHANGE UTILITY PRE-AUTHORIZED PAYMENT PLAN TERMS AND CONDITIONS/STAEMENT OF APPLICANT			
 I authorize the City of Cold Lake and the designated financial institution to begin deductions, as per my instructions, for monthly recurring payments for charges associated with my City of Cold Lake utility account. I hereby authorize The City of Cold Lake to withdraw funds from my bank account as indicated on the attached void cheque or EFT Authorization Form included with my application. I understand that regular monthly payments for the full amount of services delivered will be withdrawn from my account on the due date of each City of Cold Lake utility invoice. The City of Cold Lake provides written notice of the amount on each utility invoice. I will notify the City of Cold Lake utility invoice. The City of Cold Lake provides written notice of the amount on each utility invoice. I understand that tis authority is to remain in effect until the City of Cold Lake has received written notice from me of its change or termination. This notification must be received at least five (5) business days before the next withdraw is scheduled. Notification can be given via the address provided below or email to <u>utilities@coldlake.com</u> or the online application on the City's website (coldlake.com/utilities). I understand that cancellation of this authorization does not terminate my City of Cold Lake service but only affects my method of payment. The City of Cold Lake may terminate this authorization at any time verbally or by written at the phone number, email, or address listed on the utility account or this application form. The pre-authorization will be cancelled upon three (3) payment returns. You may apply for the pre-authorization to be reinstated after twelve (12) consecutive months without penalties being levied on the account. I acknowledge that the City of Cold Lake may charge my account with a service charge for each payment return as it occurs and that it my also result in termination of my participation in the Pre-Authorized Paymen			
SECTION 3: TERMINATION OF UTILITY PRE-AUTHORIZED PAYMENT PLAN			
I,, wish to terminate automatic withdrawals for my utility invoice from the bank account identified on the utility account noted above effective on theday of, 20 for the next scheduled invoice.			
Signature:		Date:	
OFFICE USE ONLY			
Received by: D	ate Received:		Bill Date Implemented:
Roll No.:		Legal Address: Lot	Block Plan
5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480			

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

Cold Lake