

**AUTHORIZATION FORM for Pre-Authorized Payments - Bi-Monthly Utility Bills**

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

Service Address: \_\_\_\_\_

7-Digit Water Account Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_

This plan is for  Personal Use or  Business Use

**VOID CHEQUE MUST BE ATTACHED** or *If you do not have a void cheque, please see your Financial Institution so they can complete a Pre-Authorized Form.*

I/we authorize the City of Yorkton to Debit my/our bank account (void cheque or Pre-Authorized Form from Financial Institution is attached), **on the 24<sup>th</sup> of the month following the billing date**, for a variable amount of the current bill owing.

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

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

(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.)  
The personal information requested on this form is being collected under *The Local Authority Freedom of Information and Protection of Privacy Act*. Personal information will be collected, used and disclosed only to confirm identity or contact information within the City of Yorkton, or if required to submit to a debt collector. If you have any questions about the collection, use, and disclosure of your personal information in this process, please contact the City Clerk for the City of Yorkton at (306) 786-1717.

**City of Yorkton Utility Bill Pre-Authorized Payment Terms and Conditions**

*Water Bills are issued every two months.* You will continue to receive your bill for your records. **Your bank account will be debited on the 24<sup>th</sup> of the month following the billing date**, for a variable amount of the current bill owing.

*Payments dishonoured as N.S.F.* are subject to a \$15.00 service fee. After two (2) such dishonoured payments, the plan will be cancelled by the City of Yorkton.

*If you move*, banking information is not automatically transferred to your new account, a new application must be completed. *If you change banking information*, a new application must be completed at least 10 days prior to the next debit date.

This authority is to remain in effect until the City of Yorkton receives written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting: [www.cdnpay.ca](http://www.cdnpay.ca). City of Yorkton cancellation forms are available online at [www.yorkton.ca](http://www.yorkton.ca) or at City Hall.

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 PAD agreement. To obtain more information on your recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Mail to:** City of Yorkton  
Water Billing Department  
Box 400  
Yorkton, SK S3N 2W3

or: **Drop off at:** City Hall or: **Fax:**(306)786-6880  
37 Third Ave. North **e-mail:** waterbilling@yorkton.ca  
Main Floor Inquiries - Phone:(306)786-1726  
Monday to Friday, 8:00 a.m. to 4:00 p.m.