



# TOWN OF CLARESHOLM

## PRE-AUTHORIZED MONTHLY UTILITY PAYMENT PLAN (UPP) APPLICATION COMMERCIAL

The Town of Claresholm offers you a simple, easy method of payment through our **Utility Payment Plan (UPP)**. You can eliminate standing in line, writing cheques and postage by using this convenient plan that authorizes automatic monthly deductions of your utility bill from your bank account. This service is unfortunately not available for foreign bank accounts. **This program is not compulsory.**

### **How will you know what deductions are being made from your bank account?**

Under the Utility Payment Plan (UPP), you will continue to receive a bill monthly showing the amount that will be deducted. If you have any questions about your billing, please contact the Town Office at (403) 625-3381.

### **What if you move, change banks or decide to cancel the plan?**

If for any reason you need to change or cancel the Utility Payment Plan (UPP), send the request in writing to the Town Office and we will make the necessary changes. Please inform us of these changes a minimum of five working days prior to the due date on your bill.

### **How do you apply for the Utility Payment Plan (UPP)?**

Please complete the bottom portion of this form and return it, with a void personalized cheque showing the bank information. The withdrawal from your bank will take place on the 25<sup>th</sup> day of each month, or the following business day if the 25<sup>th</sup> falls on a weekend or holiday.

Thank you for joining the Utility Payment Plan (UPP)!

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**Service Agreement:** I / we authorize the Town of Claresholm to begin automatic withdrawals for payment of my / our monthly utility bill from the bank account number identified on the enclosed cheque. This authority is to remain in effect until there is notification of termination from the customer.

Customer name: \_\_\_\_\_ Account number: \_\_\_\_\_

Service address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

### **Authorization:**

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ENSURE A VOID CHEQUE IS RETURNED WITH COMPLETED APPLICATION.