

**DISTRICT OF NORTH SAANICH – UTILITIES DEPARTMENT
PRE-AUTHORIZED UTILITIES PAYMENT AUTHORIZATION FORM**

NAME/S: _____ Account No. _____

_____ Starting Date: _____

CIVIC ADDRESS: _____ Phone No: _____

I/We hereby authorize _____ \$ (Variable Amount) _____
NAME OF FINANCIAL INSTITUTION

Branch Address: _____

Bank Account Number: _____ Chequing Chequing/Savings

To debit my/our account indicated above that will vary in amounts with each payment. The District of North Saanich will provide you with notice of the amount of your Utility Bill at least ten (10) days prior to the payment date. All payments are to be made to the District of North Saanich.

Date: _____

SIGNATURES: _____

For a joint account all depositors must sign if more than one signature is required on cheques issued against the account for verification purposes.

Please enclose one of your cheques marked void.

Your treatment of each payment shall be the same as if I/we have personally directed you to pay as indicated and charge the amount specified to the account of the undersigned. This authorization may be cancelled any time upon ten days written notice. Any delivery of this authorization to you constitutes delivery by the undersigned.

**TERMS AND CONDITIONS OF CUSTOMER'S AUTHORIZATION
TO THE DISTRICT OF NORTH SAANICH**

- The utility payer understands that the pre-authorized utility plan is for the convenience of the utility payer. The District of North Saanich relies on the representation constituted by this authorization that the utility payer's bank account shall be during the currency of this authorization in good standing with sufficient funds to cover such pre-authorized cheques as they become due and payable.
- The utility payer's pre-authorized cheque will be drawn and presented for payment on or after the date shown on the notice sent to the utility payer, to cover the payments(s) due in such month on the utility payer's account.

ACCT. NO. _____

**DISTRICT OF NORTH SAANICH – UTILITY DEPARTMENT
PRE-AUTHORIZED PAYMENT MODIFICATION FORM**

NAME/S: _____ Account No. _____

_____ New Amount: _____

CIVIC ADDRESS: _____

Cancel _____ Modify \$ Variable Amount _____ Effective date: _____

Explanation: _____

Office Use Only

SIGNATURE/S: _____ Date: _____

_____ Signature: _____

ACCT NO. _____