



WATER INSTALLMENT PAYMENT PLAN - WIPPS

New Application

Account Number: _____

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (if different): _____

Email: _____

Phone: _____

BANKING INFORMATION (Please Print clearly): ☐ Void check attached.

Branch Transit Number

Financial Institution

Account Number

FINANCIAL INSTITUTION NAME: _____

BRANCH ADDRESS: _____

I/we authorize the City of Martensville, and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit the bank account identified above to pay balance owing on utility account. The withdrawal day is the 25th of each month as selected by the City of Martensville.

This authority is to remain in effect until the City of Martensville has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next scheduled debit. Forms can be obtained online at www.martensville.ca or City Hall.

I/we will ensure that account will have sufficient funds, the City of Martensville will apply a Bank Service Charge of \$30.00 to your utility account. You will receive notification of the bank returned item and a request to pay the outstanding amount. After three (3) such dishonored payments, you will be removed from the Plan and a request for full payment for all outstanding amounts, including penalties will be due to the utility account.

I/we waive all requirements for pre-notification of debt, including and without limitation, pre-notification of any changes in the amount of the PAD due to change on account.

I/we understand that it is our responsibility to notify the City of Martensville of any banking changes and that a new form for bank changes must be submitted.

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 PAD that is not authorized or is not consistent with this PAD agreement. To obtain a Reimbursement Claim Form or for more information on my/our recourse rights I/we may contact our Financial Institution or visit www.payments.ca.

By signing this Authorization, I/we acknowledge having received and having read a copy of this agreement, including the terms.

Signature: _____

Date: _____

Email to afast@martensville.ca, or drop off at, City of Martensville, 37 Centennial Dr S.
Inquiries can be made to (306)931-2166.

For Office Use Only:

Date Entered: _____

CSR Initials: _____