



Utilities Account #: _____

Tax Roll #: _____

PRE-AUTHORIZED PAYMENT PLAN Change Of Banking Information

Name(s): _____
First *Last*

Property Address: _____
Street Address *City* *Postal Code*

Mailing Address (if different): _____
Street Address/Box # *City* *Postal Code*

Phone Number(s): _____

Email(s): _____

Water Installment Payment Plan (W.I.P.P.S.) Tax Installment Payment Plan (T.I.P.P.S.)

By signing this form, I/we request that the City of Martensville update the banking information on file for my/our Tax Installment Payment Plan (TIPPS) and/or Water Installment Payment Plan (WIPPS).

I/we authorize the City of Martensville and the financial institution designated (or any other financial institution I/we may authorize from time to time) to debit the new bank account provided on this form for payment of amounts owing on my/our utility and/or tax account.

This authorization replaces and supersedes all previous pre-authorized debit instructions on file.

This authorization will remain in effect until the City of Martensville receives written notice from me/us to change or cancel it. Such notice must be received at least ten (10) business days prior to the next scheduled debit.

I/we acknowledge that sufficient funds must be available in the account at the time of withdrawal. If a payment is returned by the bank for any reason, a \$30.00 bank service charge will be applied to the account. After three (3) dishonoured payments, participation in the plan will be cancelled and full payment of all outstanding balances, including any applicable penalties, will become due.

I/we waive the requirement for advance notice of each debit, including notice of any changes to the amount due resulting from account activity.

I/we understand that I/we have certain recourse rights if a debit does not comply with this agreement. To obtain a Reimbursement Claim Form or for more information, I/we may contact my/our financial institution or visit www.payments.ca.

I/we confirm that I/we are authorized to make this request for the account(s) listed above.

Banking Information Attached (Void Cheque / Pre-Authorized Debit Form)

Signature: _____

Date: _____

Signature: _____

Date: _____

By signing electronically, I adopt this digital signature as my own.

If you have any questions, please contact:
inquiry@martensville.ca
306-931-2166