

RURAL MUNICIPALITY OF HEADINGLEY

APPLICATION FOR PRE-AUTHORIZED DEBIT UTILITY PAYMENT

PLEASE PRINT

ACCT. NUMBER	LOCATION ADDRESS	POSTAL CODE
APPLICANT(S) NAME	E-MAIL ADDRESS	BUSINESS TELEPHONE
		HOME TELEPHONE NO.
APPLICANT(S) NAME	E-MAIL ADDRESS	BUSINESS TELEPHONE
		HOME TELEPHONE NO.
APPLICANT(S) ADDRESS (IF DIFFERENT THAN THE LOCATION ADDRESS)		POSTAL CODE
<p>I/We acknowledge the right of The Rural Municipality of Headingley to cancel my/our participation in the payment program if any payments are not honoured by the participant's financial institution.</p>		
APPLICANT'S SIGNATURE		YYYY MM DD
SECOND SIGNATURE (IF REQUIRED)		
<p>PRE-AUTHORIZED DEBIT</p> <p>I/We the applicant(s) authorize my/our above named financial institution to electronically debit my/our account for the quarterly utility payment payable to The Rural Municipality of Headingley on the due date as shown on the statement for the above named property. The treatment of each payment shall be the same as if the undersigned had personally issued a cheque. Receipts will not be issued unless requested.</p> <p style="text-align: center;">PLEASE ATTACH A SAMPLE CHEQUE MARKED <i>VOID</i> TO THIS APPLICATION.</p>		
NAME OF FINANCIAL INSTITUTE (FOR PRE-AUTHORIZED DEBIT)		ACCOUNT NUMBER (INCLUDE TRANSIT NUMBER)
P.A.D. APPLICANT(S) SIGNATURE	P.A.D. APPLICANT(S) SIGNATURE	
<p>AUTHORIZED SIGNATORS OF THE ABOVE ACCOUNT <i>MUST SIGN</i> APPLICATION</p> <p>RETURN APPLICATION TO: THE RURAL MUNICIPALITY OF HEADINGLEY 1-126 BRIDGE ROAD HEADINGLEY MB R4H 1G9 PH: 837-5766 E-MAIL: rmofheadingley@rmofheadingley.ca</p>		