UTILITY BILL

Pre-authorized Payment Plan Agreement



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Name (FAMILY NAME, GIVEN NAME) Utility account number	
Property address	
Mailing address (IF DIFFERENT THAN PROPERTY ADDRESS)	
Telephone ()	Fax (optional) (
Email (optional)	
Name of Financial Institution	
Branch Address	
Branch Transit No. (5 DIGITS) Please include a blank cheque marked "void". Please note your first withdrawal will include all amounts outstanding on your account. I/We hereby authorize the City of Victoria and the financial institution designated to debit my bank account indicated for the charges arising under my City of Victoria utility account. The payment for services will be debited on the due date specified on the invoice provided. I/We agree to the terms and conditions listed below.	CHEQUE SAMPLE: #* 000 #* 1:0000 *** 0001: 00000 *** 000 O000 O0
Signature of Account Holder	Signature of Joint Account Holder (IF APPLICABLE)
Name (PLEASE PRINT)	Name (PLEASE PRINT)
Date (YY/MM/DD)	Date (YY/MM/DD)
Terms and conditions of customer's authorization to the City of Vic	ctoria

- 1. The balance of the utility bill will be withdrawn on the due date specified on the invoice mailed to you. Utility accounts are billed three times a year (every four months). Please note your first withdrawal will include all amounts outstanding on your account.
- 2. The customer will notify the City of Victoria of any changes to the customer's financial institution account information.
- 3. This authorization may be cancelled at any time by the customer upon seven days written notice to the City of Victoria.
- 4. The City of Victoria may terminate this pre-authorized agreement should the customer fail to maintain their financial institution account in good standing. Penalty and services charges will apply to any returned or outstanding payments.

Email your completed form, along with a void cheque to utilities@victoria.ca

Utility Billing
City of Victoria
1 Centennial Square
Victoria, BC V8W 1P6

For further information:

T 250.361.0226