

Utility Monthly Direct Debit Payment Plan Application

Acct. No.	

cancelled at any time by t will inform the City if the on use; therefore, my/our	the undersigned provid property is sold. I/We u monthly withdrawal is	ling the City with two weeks' weeks' weeks' weeks' weeks' ween a me	written notice. I/We unders tered account customer, m end up with a credit or an	tand that payments ny/our water consun amount owing at th	i month. The authorization may be s made are non-refundable and that I/w nption changes may fluctuate depending ne end of each year. Note: If any see of \$25.	
Property Address		Daytime Phone Number	Date (YY/MM/DD)		Signature(s)	
New Monthly Amount \$				nount \$		
	Name (Please Print)		•			
			CITY USE ONLY			
Mailing Address (if different from Property Address)		Date Received	Start Month	Acct. No.:		
					Notes:	
City	Province	Postal Code		Month/Year		

Please attach a cheque marked VOID or a Pre-Authorization Debit Form from your banking institution. Return completed application to: revenue@kamloops.ca