

# UTILITY MONTHLY INSTALLMENT PAYMENT PLAN SERVICE (MIPPS) 1084 Central Avenue, Prince Albert, SK S6V-7P3 PH: 306-953-4340 FAX: 306-953-4347

# PLEASE PRINT

1.			
ACCOUNT #	SERVICE ADDRESS		POSTAL CODE
APPLICANT(S) NAME		BUSINESS PHONE	HOME PHONE
APPLICANT(S) NAME		BUSINESS PHONE	HOME PHONE
APPLICANT(S) ADDRESS (IF DIFFERENT THAN THE LOCATION ADDRESS			POSTAL CODE
EMAIL ADDRESS			

## 2. Please indicate the month in which you would like to start making MIPPS payments.

Starting Month \_\_\_\_\_

*Note:* You can participate in MIPPS if your application is received 2 weeks prior to your first scheduled installment.

### 3. You must include ONE of the following:

- □ Blank cheque marked <<void>> with correct mailing address; or
- □ Pre-authorized payment form provided by you financial institution

I/We the applicant(s) authorize my/our above named financial institution to electronically debit my/our account for the month ly installment payment plan payable to The City of Prince Albert on the first day of each month as payment in part of the utilities for the above named property. The treatment of each payment shall be the same as if the undersigned had personally issued a cheque. I/We acknowledge the right of The City of Prince Albert to cancel my/our participation in the payment plan if any debits are not honoured by the participant's financial institution. Unpaid utility bills as of the date of termination of participation in the plan are subject to penalties as per the Water Service Bylaw. I/We agree to provide two weeks written notification if I/we change bank information, sell the property, or wish to cancel participation in the plan for any reason.

### 4. Authorized signators of the above account MUST SIGN this application.

SIGNATURE	DATE (YYYY MM DD)