

UTILITY MONTHLY INSTALLMENT PAYMENT PLAN SERVICE (MIPPS)

1084 Central Avenue Y Prince Albert, SK Y S6V 7P3
P: 306-953-4340 Y F: 306-953-4347 Y E: water@citypa.com

1. Please print and fill in all fields below:

ACCOUNT #		SERVICE ADDRESS	
APPLICANT(S) NAME		PRIMARY PHONE	SECONDARY PHONE
APPLICANT(S) NAME		PRIMARY PHONE	SECONDARY PHONE
APPLICANT(S) ADDRESS (IF DIFFERENT THAN THE LOCATION ADDRESS)			PAD CATEGORY: PERSONAL
EMAIL ADDRESS		EFFECTIVE DATE:	

Account Number : (OFFICE USE ONLY)

2. Type of Request:

- New Application Monthly Amount: \$ _____
- Change of banking information
- Cancellation Request

Note: You can participate in MIPPS if your application is received 2 weeks prior to your first scheduled installment. We also require two weeks to process changes on your account. Please contact City Hall to confirm.

3. You must include ONE of the following:

- Blank cheque marked <<void>>
- Pre-authorized payment form provided by your financial institution

I/We the applicant(s) authorize my/our above-named financial institution to electronically debit my/our account for the monthly 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.

I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.payments.ca

I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.payments.ca

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

SIGNATURE	DATE (MM DD YYYY)