



## Authorization Agreement For Town of Nanton Utilities

I/we, the undersigned, hereby authorize the Town of Nanton to withdraw the amount due from my/our financial institution on the 15<sup>th</sup> day after the billing date for the purpose of payment of my/our Utility Account. This authority is to remain in effect until there is written notification of termination from the customer or the Town of Nanton. The customer will continue to receive a bill every two months showing the amount due.

Customer Name \_\_\_\_\_

Utility Account Number \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

Fax number (\_\_\_\_) \_\_\_\_\_

Civic Address \_\_\_\_\_

Box number \_\_\_\_\_

City/town \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Name of bank \_\_\_\_\_

Account number \_\_\_\_\_

Bank address \_\_\_\_\_

Maximum withdrawal amount \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**(Note: if dual signature account, all signatures are required.)**

Mail or drop off the completed agreement along with a cheque marked "VOID" to:

**Town of Nanton**  
 1907 – 21<sup>st</sup> Avenue  
 Box 609  
 Nanton, Alberta T0L 1R0  
 Phone: (403) 646-2029 Fax: (403) 646-2653  
 E-mail: [billing@town.nanton.ab.ca](mailto:billing@town.nanton.ab.ca)

If you need to change or cancel the Pre-authorized Payment Plan, please notify this office ten days prior to the due date on your bill and we will change it for the following billing.