DISTRICT OF NORTH SAANICH - UTILITIES DEPARTMENT PRE-AUTHORIZED UTILITIES PAYMENT AUTHORIZATION FORM

NAME/S:	Starting Date:		
CIVIC ADDRESS:			
I/We hereby authorizeNAME OF FINANCIAL INSTITUTION		mount)	
Branch Address:			
Bank Account Number:	_ Chequing □	Chequing/Savings	
To debit my/our account indicated above that will vary in amoun you with notice of the amount of your Utility Bill at least ten (10 the District of North Saanich. Date:) days prior to the pa	ayment date. All payments are to be made to	
SIGNATURES: For a joint account all depositors must sign if more than one s			
verification purposes. Please enclose one of your cheques marked void.			
Your treatment of each payment shall be the same as if I/we hamount specified to the account of the undersigned. This author Any delivery of this authorization to you constitutes delivery by the same as if I/we have a same a same as if I/we have a same a	ization may be cance	eted you to pay as indicated and charge the elled any time upon ten days written notice.	
TERMS AND CONDITIONS OF C			
The utility payer understands that the pre-authorized District of North Saanich relies on the representation hank account shall be during the currency of this aut	constituted by th	is authorization that the utility payer's	

- bank account shall be during the currency of this authorization in good standing with sufficient funds to such pre-authorized cheques as they become due and payable.
- The utility payer's pre-authorized cheque will be drawn and presented for payment on or after the date shown on the notice sent to the utility payer, to cover the payments(s) due in such month on the utility payer's account.

ACCT. NO	 	 	