

Property Address: _____

Name: _____
Bank Account Holder (Last Name, First Name)

Phone: _____
Home Work Cell

Name: _____
Joint Bank Account Holder (Last Name, First Name)

Phone: _____
Home Work Cell

Email Address: _____

Branch Transit Number

Financial Institution

Deposit Account Number

For Office Use Only

Date Entered: _____
yy/mm/dd

Withdrawal Date: _____
yy/mm/dd

Unpaid Amount: _____

Entered By: _____

Received by:

- ☐ Fax
☐ Mail
☐ Email
☐ In Person

* Please Check One:

☐

New Application

☐

Change of Information

Financial Institution Name: _____

Branch Address: _____

I/we authorize the City of Saskatoon and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit the bank account identified above each month for regular monthly payments, and/or for any one-time payments of all charges billed to my City of Saskatoon Utility Statement. The withdrawal day will be selected by the City of Saskatoon based on the billing day of my utility account. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds on deposit for the payment of my Utility Statement. The City of Saskatoon will provide 10 (ten) days written notice of the amount of each regular debit.

The City of Saskatoon will debit my bank account for any amount outstanding in my utility account if my balance is not zero (\$0.00) when this application is received for processing. If at any time my account balance is lower at my withdrawal date than the amount noted on my statement, the lower amount will be debited and I will be notified on my next Utility Statement. I waive my right to be notified ten (10) days in advance of these withdrawal amounts.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any Pre-Authorized Debit (PAD) that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit <https://payments.ca/>.

This authority is to remain in effect until the City of Saskatoon has received **written** notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting <https://payments.ca/>. **Direct Debit cancellation forms are available online at www.saskatoon.ca or through the contact information listed below.**

Signature of Bank Account Holder

Signature of Joint Bank Account Holder

Name: _____
(please print)

Name: _____
(please print)

Date: _____

Date: _____

Mailing Address: _____

Postal Code

Please submit completed application by email, mail, fax, or in person; include a sample cheque marked "Void" and payment if applicable.

Telephone: (306) 975-2400 or 1-800-667-9944 Monday to Friday, 8:30 am to 4:30 pm Email: revenue@saskatoon.ca

Mail: City of Saskatoon, PO Box 1788, Saskatoon, SK S7K 8E1

Fax: (306) 975-7975

Visit: Customer Service, Main Floor, City Hall, 222 3rd Avenue N, Monday to Friday, 8:00 a.m. to 5:00 p.m.