



Box 289  
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## UTILITY PRE-AUTHORIZED PAYMENT PLAN APPLICATION

Applicant(s) name  
(Please Print)

Name: \_\_\_\_\_ Utility Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Residential Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I/We authorize the Town of Langham, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Utilities account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 31st day of each month. Town of Langham will obtain my/our authorization for any other one-time or sporadic debits.

FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

CITY AND PROVINCE: \_\_\_\_\_

BRANCH #: \_\_\_\_\_ TRANSIT #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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

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

This authority is to remain in effect until the Town of Langham 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 at the address provided below. 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 [www.cdnpay.ca](http://www.cdnpay.ca).

Town of Langham may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**PLEASE RETURN THIS FORM AND SAMPLE CHEQUE MARKED "VOID"**