



**PRE-PAYMENT PLAN APPLICATION FORM - UTILITIES**

171 Main St  
Penticton BC V2A 5A9  
Phone: 250-490-2489 Fax: 250-490-2422

First Name:	Last Name:	
Property Address:	Start Date:	
Account Number:	Cycle:	
Home Phone:	Work Phone:	Cell Phone:

**AMOUNT**

- Net Amount Due Yes  No  Amount \$ \_\_\_\_\_

**Please read and sign below, and enclose one of your cheques marked "VOID".**

**TERMS**

- I/We authorize the City of Penticton to debit my/our account on the due date of each month.
- I/We understand that the Revenue Supervisor may cancel the privilege of continuing the pre-payment plan if any monthly payments fail to be honoured. Any payments dishonoured and returned for any reason will be charged back to the appropriate account together with applicable penalties, forfeited discounts and returned payment charges.

I have read and understand the terms of the Pre-payment Plan:

\_\_\_\_\_  
Signature of Signing Authority Date

\_\_\_\_\_  
Signature of Signing Authority Date

**OFFICE USE ONLY**

FINANCIAL INSTITUTION INFORMATION: (requires "VOID" cheque Attached with completed form)		
_____ Name of Bank or Financial Institution	_____ Branch Address	
_____ Branch #	_____ Institution #	_____ Bank Account #

\_\_\_\_\_  
Date Entered Initials