

ACCOUNT CHANGE FORM

APPLICANTS INFORMATION		Customer ID:	Address ID:
Last Name		First Name:	
Business N	lame (If applicable):		
	ddress:		
Mailing Ade	dress (If different):		
Email Addr	'ess:		
Phone Numbers Home:		_ Cell:	Work:
Effective D	ate:		
Accounts:	Property Tax Roll Number(s):		(as per Bylaw 463-22)
	Utility Account Number(s):		Cycle
	Accounts Receivable Account:		
Changes:			
Up	date Bank Account for PAP (Pre-/	Authorized Payments):	
	(Please attach a vo	oid cheque or bank withc	drawal form)
Са	ncel PAP (Pre-authorized Paymer	nts)	
Ma	illing Address Change:		
Up	date Email Address for E-Billing: _		
Са	ncel E-Billing		

Initials	Terms & Conditions		
	 I understand that it is my responsibility to provide the correct email address and to inform the Town of Ponoka in writing of any changes to this email address which is used for E-billing. 		
	 I understand that non-receipt of my notices, bills or invoices is not justification for late payment and penalties will not be waived as a result. 		

I have read, initialed, understand and consent to the terms and conditions of the Account Change Form as stated above and I acknowledge that the information provided on this form is complete and accurate.

__ Date: __ Signature: ____

FOIP Notification: The personal information that you provide to the Town of Ponoka on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act and is used solely for the purposes relating to the administration of assessment/taxation services, utility, accounts receivable and account administration. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the FOIP ACT. Questions about the collection or use of this information can be directed to the Town of Ponoka at 403-783-0130.

Additional Notes: _____
