

Town of Ponoka
Pre-authorized Bank Payment Changes

Name: _____

Service
Address: _____

Changing - As of _____, I/we are changing banking information for our Pre-authorized payment plan. Attached is a cheque marked sample or void.

Canceling - As of _____, I/we are canceling the Pre-authorized payment plan.

Date: _____ Signature: _____

Telephone _____ Signature: _____

Office Use Only:

Cycle 10 to 18 - Approximately the 1st day per month (UT01)
Cycle 1 to 8 & 20 - Approximately the 16th day per month (UT16)

Utilities Account # _____ Cycle _____
UT1 UT16

Taxes Roll # _____

Accounts Receivable AR# _____

Posted By: _____ Date _____