



The Municipality of the
VILLAGE OF BURK'S FALLS

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0
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UTILITY PRE-AUTHORIZED PAYMENT APPLICATION

UTILITY ACCOUNT # _____

Property Owner Name(s): _____

Property Address: _____

City: _____ Province: _____ Postal Code: _____

Mailing Address (if different): _____

Home Phone: _____ Business Phone: _____

Email Address: _____

I/We authorize the Corporation of the Village of Burk's Falls to debit my/our account per attached VOID cheque, for all actual utility billings applicable to the above noted serviced property. This authorization may be cancelled at any time upon notice by me/us.

Signature: _____ Date: _____

Signature: _____ Date: _____

(For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account)

ONLY COMPLETE THE FOLLOWING INFORMATION IF YOU HAVE NOT ATTACHED A VOID CHEQUE:

Bank Account # _____ Branch Transit # (5 digits) _____ Institution # (3 digits) _____

Personal Information on this form is collected under the authority of the Municipal Act, 2001 and is used to maintain a record of individuals participating in the Pre-Authorized Utility Payment Plan.