



**THE CORPORATION OF THE DISTRICT OF OAK BAY
PRE-AUTHORIZED DIRECT DEBIT PAYMENT APPLICATION FORM**

REGISTERED OWNER(S): _____

Utility Account #: _____

CIVIC ADDRESS: _____

Folio #: _____

BANK / CREDIT UNION: _____

Phone #: _____

(NAME OF FINANCIAL INSTITUTION)

Date: _____

Branch Address: _____

Branch # (5 digits) _____

Chequing

Bank # (3 digits) _____

Chequing/Savings

Account # (12 digits max.) _____

I authorize The District of Oak Bay to debit my/our account indicated above, the balance owing on the above account as of the billing due date, on or after the billing due date. All payments are to be made to the District of Oak Bay. Your treatment of each payment shall be the same as if I/we have personally directed you to pay as indicated and charge the amount specified to the account of the signatory. For a joint account all depositors must sign if more than one signature is required on cheques issued against the account for verification purposes. This authorization may be cancelled any time upon 15 days' written notice. Any delivery of this authorization to you constitutes delivery by the signatory.

**I HAVE READ AND UNDERSTAND THE TERMS OF
THIS PRE-AUTHORIZED PLAN: SIGNATURE(S):**

PLEASE ENCLOSE ONE OF YOUR CHEQUES, MARKED VOID