



Pre-Authorized Payment (PAP) Enrollment Form

Please return this by Mail to : 106-3270 Village Way Sun Peaks, BC, V0E 5N0,
Fax: 250-578-2023 or email: Finance@sunpeaks municipality.ca
For Information Please Contact us at 250-578-2020

PLEASE SELECT PRE-AUTHORIZED PAYMENT OPTION BELOW. ALSO BE SURE TO ENCLOSE A VOID CHEQUE WHEN RETURNING THIS FORM TO SPMRM.

Payments for: **Water/Sewer/Gas**

Customer Information

Customer Name:	Email:
Sun Peaks Address:	
Account Number	Daytime Phone #:

Banking Information (MUST ATTACH VOID CHEQUE)

Bank Name: _____ Institute # (3 digits): _____
 Transit # (5 digits): _____ Account #: _____

Pre-Authorized Payment Options

OPTION - Due Date

I _____ authorize Sun Peaks Mountain Resort Municipality to debit my bank account on monthly due date.
Please print your name

Empty box for additional notes or comments.

You (or I/We, depending on the context) have certain recourse rights if any debit does not comply with this agreement. For example, you(I/we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP agreement.

Cancellation Terms

This authorization may be cancelled upon notice by me/us to Sun Peaks Mountain Resort Municipality as least fifteen(15) business days prior to the next scheduled debit.

Change of Bank Account information or Increasing/Decreasing Payment amount

If there is a change in Banking information such as a new account and/or closed account, or you wish to increase or decrease the amount we are debiting from your bank account, please provide a written request within fifteen(15) business days prior to the next scheduled debit.

Returned Debit from the bank (example: Non-Sufficient Funds NSF)

If your Pre-Authorized Payment is returned by the bank for any reason, a fee of \$25.00 will be applied to your account. Two(2) returned debits will result in removal from the Pre-Authorized payment program.

I HAVE READ AND AGREE TO THE TERMS & CONDITIONS LISTED ABOVE

Date Name(please print) Signature

The personal information collected on this form will only be used by SPMRM staff for purposes relating to the payment of Water/Sewer/Gas invoicing.