



WATER INSTALLMENT PAYMENT PLAN SERVICE (W.I.P.P.S)

Pre-Authorized Payment (PAP)

Customer Information: (Plea	se Print Clearly)		
Last Name/First Name			
Mailing Address:			
Phone Number/Alternate:			
Utility Information		Debit the	Monthly Amount / Start Date: bank account identified in said amount below
Civic Address:			\$
Utility Account Number:			Effective:
	☐ 2 of each month or ☐ 16 of each month		nth or \square 16 of each month
	If your chosen day falls on a weekend, your payment will be taken the next business day		
from the bank account I have payment is cancelled due to understand that such admini I must notify the Town in wri or discontinue W.I.P.P.S.	e specified, the necessary fund Insufficient Funds, that I will b strative fees are subject to cha	ls for the paymen e charged a serv ange by Town Co	of Battleford permission to withdraw, nt of the utilities. I understand that if a ice and processing fee of \$25.00. I also buncil without direct notice. I understand t date should I wish to change accounts
Signature of Applicant(s):			
Signature of Town of Battleford Agent:		ATTACH VOID CHEQUE HERE	
Date:			

- * After two (2) Insufficient Funds payments, the plan will be cancelled by the Town of Battleford
- * The utility account must be current to qualify for this program.
- * In the event of a change of residence, or a change in bank account, it is the responsibility of the property resident to immediately notify the Town Office. (306-937-6200)