



# 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: [accounting@sunpeaksmunicipality.ca](mailto:accounting@sunpeaksmunicipality.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	
<b>OPTION - Due Date</b> <input type="checkbox"/>	
I _____ <small>Please print your name</small>	authorize Sun Peaks Mountain Resort Municipality to debit my bank account on monthly due date.

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.