

FOR OFFICE USE ONLY

START DATE: _____

TAX ROLL #: _____

UTILITY EQUAL PAYMENT PLAN APPLICATION
SEWER USER – BYLAW NO.1630
WATER SUPPLY SYSTEM REGULATION - BYLAW NO.1631 (if applicable)

TO ENSURE ACCURACY, THE DISTRICT OF KENT REQUIRES A CHEQUE MARKED “VOID” OR BANK ACCOUNT VERIFICATION FORM FROM YOUR BANK CLEARLY STATING YOUR BANK ID, TRANSIT ID CODE AND ACCOUNT INFORMATION

The Undersigned hereby authorizes the District of Kent to draw a monthly remittance or prepare debits by paper or electronic entry on the 2nd day of each month for installments toward the utility equal payment plan in the amount of \$_____.

SEWER/WATER ACCOUNT

PHONE NO

PROPERTY ADDRESS

NAME IN FULL

MAILING ADDRESS

E-MAIL ADDRESS By providing your email address you consent to the District of Kent to use it for communication regarding your utility account.

1. All amounts payable to the District of Kent drawn on a financial institution on behalf of the Undersigned.
2. Each debit shall be treated as if the Undersigned has directed payment in the amount specified from the account of the Undersigned.
3. This authorization may be cancelled at anytime upon written notice.
4. Any delivery of this authorization constitutes delivery by the Undersigned.
5. Installments are for flat rate fees only; all metered charges are to be paid separately.

ALL DEPOSITORS MUST SIGN IF MORE THAN ONE SIGNATURE IS REQUIRED ON CHEQUES ISSUED AGAINST A JOINT ACCOUNT.

SIGNATURE

DATE

SIGNATURE

DATE

Note: Personal information included on this form is collected solely for the purposes authorized by the *Community Charter* and is subject to disclosure in accordance with the *Freedom of Information and Protection Privacy Act*. If you have any questions about this collection, please contact the Director of Corporate Services at the District of Kent at 604-796-2235.

EQUAL PAYMENT PLAN APPLICATION
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WATER SUPPLY SYSTEM REGULATION - BYLAW NO.1631

IMPORTANT!

IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO CHECK MONTHLY BANK STATEMENTS TO ENSURE THE DIRECT PAYMENT INSTALMENT HAS BEEN WITHDRAWN IN THE PROPER AMOUNT.

A returned payment fee of \$25.00 will be levied on payments which are not honoured by the financial institution on which they are drawn as per District of Kent Fees and Charges Bylaw. If two (2) payments fail to be honoured by the financial institution in any one year, the District of Kent may cancel the Equal Payment Plan.

The Equal Payment Plan will continue in subsequent years without need for renewal until such time as:

1. the District of Kent is requested, in writing, to cancel the Equal Payment Plan.
2. two (2) payments have not been honoured by the financial institution of the client, or
3. the District of Kent has received notification from Land Titles & Survey Authority or the BC Assessment Authority indicating that the property has been sold to new owners.

This agreement may be cancelled in writing at any time, however, must be received within at least 5 business days prior to 2nd day of given month. Refunds will not be refunded on any payments taken prior to the cancellation but will remain as a credit on the account.

Preauthorized payment will collect the year's estimated flat rate billing in twelve (12) equal installments on the 2nd day of each month, January to December of each year.

NOTE: Metered Water Accounts - All charges due to usage over the flat fee amount are to be paid separately.

Questions regarding this service should be directed to:

MUNICIPAL HALL
PHONE: (604) 796-2235
EMAIL: info@kentbc.ca