

Electronic Billing

Town of Rocky Mountain House Utilities

The Town office now offers paperless billing for utility accounts to residents. If you would like to register your account, please fill out the below information.

Name on account: _____

Service address: _____

Phone number: _____

Email address: _____

Utility Account (if applicable): _____

**Note: If you would like to register multiple properties for E-Billing, please provide the full municipal address for each property.





TOWN OF ROCKY MOUNTAIN HOUSE

P.O. Box 1509 5116 50 Avenue Rocky Mountain House AB T4T 1B2
PHONE: (403) 845-2866 EMAIL: town@rockymtnhouse.com

Pre-Authorized Payment Withdrawal Form

Utilities and/or Taxes

Utility Account # _____

Tax Roll # _____

Customer Name(s) _____

Property Address _____

Mailing Address (if different) _____

City _____ Province _____ Postal Code _____

Phone # _____ Email Address: _____

Contact Name (if different from above) _____ Phone # _____

YOU MUST PROVIDE A VOID CHEQUE OR DIRECT DEBIT FORM FROM YOUR FINANCIAL INSTITUTION

I (We) the above named customer(s) authorizes the Town of Rocky Mountain House, and the Financial Institution designated (or any other financial institutions I/We may authorize at any time) to debit my/our bank account (as stated above) for the variable Bimonthly amount of the utility bill on the 10th or next business day of February, April, June, August, October, and December, as indicated on the billing. This authority will remain in effect until the Town of Rocky Mountain House has received written notification from me/us of its change or termination.

This notification must be received at least (10) business days before the next debit is scheduled at the address above. I/We may obtain a sample cancellation form, for more information on my/our rights to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this Agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAP Agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/We may contact my/our Financial institution or visit www.cdnpay.ca.

I/We acknowledge that I/We have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization. I/We warrant that all persons whose signatures are required or authorized to sign on this account have signed the application form below.

Any NSF payments, NSF charges, or penalties must be paid at the Town Office by cash, debit or credit card at least 10 days prior to the next scheduled payment or this agreement may be considered null and void.

I/We have received a signed copy of this application form.

Authorized Customer Signature _____

Date _____

Authorized Customer Signature _____

Date _____