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File No. 033

Pre-Authorized Payment Plan Application and Change Form

Please attach a blank personalized cheque marked 'void' with every application or change.

Please check one of the following:

- I want to pay my bill through quarterly payments, to be withdrawn from my account on the 15th of March, June, September, and December (Domestic Water Charges).
- I want to pay my bill (Domestic Water Charges) through equal monthly payments to be withdrawn from my account on the 15th of each month.
- I want to pay my bill (Metered-Billing) through monthly payments to be withdrawn from my account on the 15th of each month.
- Please change my bank account information (new 'void' cheque attached).
- Please cancel my Pre-Authorized Payment Plan.

Name: _____ **BMID Account #** _____

Company Name (if applicable): _____

Address: _____

City: _____ **Postal Code:** _____

Home Telephone: _____ **Business Telephone:** _____

Pre-Authorized Payment Plan Service Agreement:

I hereby authorize Black Mountain Irrigation District (BMID) to debit my bank account for all my BMID charges. I will notify BMID in writing if there is any change to my account information. Delivery of this authorization to BMID constitutes delivery to my financial institution. To cancel this authorization, I must give BMID written notice, which I may do at any time. Cancellation will not end my contractual obligation to BMID. I can have my financial institution reimburse me for any debt if: **1)** it does not comply with this authorization; **2)** I cancel this authorization; or **3)** BMID does not send me a statement of charges. If I wish to be reimbursed, I must complete a written and signed declaration within 90 days after the debit is posted to my account; any dispute after that time must be resolved directly with BMID. For joint accounts, all depositors must sign this form if more than one signature is required.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
