

THE CORPORATION OF THE DISTRICT OF OAK BAY

MUNICIPAL HALL - 2167 OAK BAY AVENUE - VICTORIA, B.C. V8R 1G2 PHONE 250 598-3311 FAX 250 598-9108 WEBSITE: www.oakbay.ca

REGISTERED OWNER(S) / TENANT(S):	UTILITY ACCOUNT #:
	FOLIO #:
CIVIC ADDRESS:	PHONE #:
BANK / CREDIT UNION:	EMAIL:
BANK / C.U. ADDRESS:	DATE:
All payments are to be made to the District of Oak Bay. Your treatme charge the amount specified to the account of the signatory. For a journal for verification purposes. This authorization may be cancelled notifying the District of Oak Bay via utilities@oakbay.ca upon 15 days	I above, the balance owing on the above account as of the billing due date, on or after the billing due date. ent of each payment shall be the same as if I/we have personally directed you to pay as indicated and pint account, all depositors must sign if more than one signature is required on cheques issued against the ed any time upon 15 days written notice. Upon termination of lease agreement, you are responsible for s notice. Any delivery of this authorization to you constitutes delivery by the signatory. Iding utility billing balances that are unpaid by the billing due date. The District may also inform registered leak.
I HAVE READ AND UNDERSTAND THE TERMS OF THIS PRE-AUT	HORIZED PLAN.

PLEASE ENCLOSE ONE OF YOUR CHEQUES MARKED "VOID" or ACCOUNT INFORMATION ISSUED BY YOUR BANK / CREDIT UNION