



**THE CORPORATION OF THE DISTRICT OF OAK BAY  
PRE-AUTHORIZED DIRECT DEBIT PAYMENT APPLICATION FORM**

**REGISTERED OWNER(S):** \_\_\_\_\_

**Utility Account #:** \_\_\_\_\_

**CIVIC ADDRESS:** \_\_\_\_\_

**Folio #:** \_\_\_\_\_

**BANK / CREDIT UNION:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

(NAME OF FINANCIAL INSTITUTION)

**Date:** \_\_\_\_\_

**Branch Address:** \_\_\_\_\_

Branch # (5 digits) \_\_\_\_\_

Chequing

Bank # (3 digits) \_\_\_\_\_

Chequing/Savings

Account # (12 digits max.) \_\_\_\_\_

I authorize The District of Oak Bay to debit my/our account indicated above, the balance owing on the above account as of the billing due date, on or after the billing due date. All payments are to be made to the District of Oak Bay. Your treatment of each payment shall be the same as if I/we have personally directed you to pay as indicated and charge the amount specified to the account of the signatory. For a joint account all depositors must sign if more than one signature is required on cheques issued against the account for verification purposes. This authorization may be cancelled any time upon 15 days' written notice. Any delivery of this authorization to you constitutes delivery by the signatory.

**I HAVE READ AND UNDERSTAND THE TERMS OF  
THIS PRE-AUTHORIZED PLAN: SIGNATURE(S):**

\_\_\_\_\_

**PLEASE ENCLOSE ONE OF YOUR CHEQUES, MARKED VOID**