

New Authorization

Change in Bank/Credit Card Information



CITY OF  
YELLOWKNIFE

**PRE-AUTHORIZED PAYMENT FOR UTILITY BILLS**

The City of Yellowknife now offers automatic payment of your utility bill. To enroll in this service, please complete and submit the following form by:

- Fax to 920-5649 (no cover page required)
- Email to [myaccounts@yellowknife.ca](mailto:myaccounts@yellowknife.ca)
- Drop off at City Hall or Mail to PO Box 580, Yellowknife, NT X1A 2N4

**Customer Information**

Existing Account

New Account (date of Registration if new): \_\_\_\_\_

<b>UT Account #</b>			
<b>Service Address</b>			
<b>Contact Name(s)</b>			
<b>Residence Phone</b>	<b>Email</b>		
<b>Business Phone</b>	<b>Cell</b>	<b>Fax</b>	

**Option 1 – Bank Withdrawal**

I/We (the above customer(s)) authorize the City of Yellowknife to debit my/our account as indicated above, for the amount outstanding on my utility account on the due date shown on each month's utility bill. Each payment shall be as if I/we had personally issued a cheque authorizing the Bank to pay the City as indicated and to debit the amount specified to my/our account. I/We will notify the City promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account. This authorization may be cancelled at any time upon written notice by me/us to the City. Any delivery of this authorization to the City constitutes delivery by me/us to the Bank. I/We am/are all the persons who are required to sign on the above account. I/We have a signed copy of this authorization form.

\_\_\_\_\_

Account Holders Name

\_\_\_\_\_

Bank Number

\_\_\_\_\_

Branch/Transit Number

\_\_\_\_\_

Bank Account Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Option 2 – Credit Card**

It is the responsibility of the above customer(s) to notify the City promptly if there is any change in the credit card information.

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_ / \_\_\_\_\_

Expiry Date

\_\_\_\_\_

Card Holders Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

For Office Use Only		
Date Processed: _____	Clerk Initials: _____	Customer ID: _____