



**PRE-AUTHORIZED PAYMENT
AUTHORIZATION FORM**

Financial Services

1450 K.L.O. Road
Kelowna, B.C. V1W 3Z4

Telephone: (250) 763-4918
Fax: (250) 763-0606
www.regionaldistrict.com

I/We hereby authorize Regional District of Central Okanagan and the financial institution designated to begin deductions for payment of all charges arising under my/our RDCO utilities account. In accordance with RDCO billing frequencies, regular payments for the full amount of services delivered will be withdrawn on a semi-annual or quarterly basis and will be debited from my/our specified bank account on the 15th day of the month (February, May, August, November).

This authority is to remain in effect until RDCO has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above.

RDCO may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

Please print

Utility Account No.

Last Name

First Name

Last Name

First Name

Address

City

Province

Postal Code

Name of Financial Institution

Branch Address

Bank Number

Transit Number

Chequing Account Number

Authorized Signature(s)

Date

For a joint account, all depositors must sign, if more than one signature is required on cheques issued against the account.

Important Note: For verification purposes, please enclose a personal cheque marked "VOID".