

Preauthorized Debit Payment Form

Last Name: _____ First Name: _____
North Parkland Power Account #: _____
Telephone Number: _____

I authorized North Parkland Power to debit my Bank Account with the amount due shown on my monthly statement on the 20th of each month or the next working day thereafter.

Bank Account Number: _____
Transit Number: _____ Institution Number: _____

Account Holder's Signature: _____
Date Signed: _____ Effective Date: _____

I am responsible for notifying North Parkland Power of any changes to my banking information. I may revoke my authorization at any time, subject to providing notice of at least three (3) business days.

ATTACH VOID CHEQUE HERE

Mail, Fax or Email completed form to:
North Parkland Power, PO Box 509 Thorhild AB, T0A 3J0
Fax: 780 398 2025
Email: contact@npprea.ca