



member owned. member driven.

Box 501
600 - 2nd Avenue
Thorhild, AB
T0A 3J0

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 last business day of each month.

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