



Customer Service
580 1 Street SE
Medicine Hat, AB T1A 8E6
Phone: 403.529.8111
Fax: 403.525.8696
Email: customer_accounts@medicinehat.ca

Application for Budget Billing

Name on Utility Account

Home Phone Number

Service Address

Alternate Phone Number

Utility Account Number

Automatic Bank Withdrawal Start Date

Budget Billing Amount

For Automatic Bank Withdrawal only, please attach a Void Cheque.

I have provided a void cheque or authorized bank account information for pre-authorized debit.

I hereby authorize the City of Medicine Hat and its Financial Institution to debit the bank account provided for the balance of the Utility account each month. I also acknowledge that the payment will be forwarded to the bank at least 3 business days prior to the actual withdrawal date. I am also aware that bills with a total credit amount will result in no transaction activity on my bank account for that month.

If a payment is returned for any reason, I will be removed from the Automatic Bank Withdrawal Program. A deposit may be required.

Signature

Date