



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

Business Utility Sign on Application

Moving In	Application Date:
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Date to Start Services: _____	Own:	Rent:
Service Address:		
Apt/Unit	Number	Street
		City

Applicant Information

Please provide Certificate of Incorporation and Notice of Directors

A letter indicating who has been granted signing authority for the company is acceptable if you do not have a Notice of Directors.

Legal Business Name _____

Owner Name: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

Mailing Address:

Apt/Unit <small>(if different from service address)</small>	Number	Street	City	Province	Postal Code
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Email: _____

Paperless Billing: Do you want to receive an e-mail notification of the date and amount due to this email? Yes No

Access your utility information anytime from the secure internet site by signing up at www.medicinehat.ca/eutility

Requirements

Deposit – A deposit is equivalent to two months utilities over the past 12 months of service for the applicable address. A deposit is required if you are **NOT** the owner of the property, and have one of the following:

1. No credit history with the City of Medicine Hat
2. Have unacceptable credit history with the City of Medicine Hat

Please contact Customer Service at 403-529-8111 to have your credit history reviewed.

Deposits must be paid at the time of registration.

Pre-Authorized Debit. This payment method is available to all property owners or applicants with good credit history.

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.

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

Bank Account Holder Printed Name: _____ Signature: _____

The customer as evidenced by his/her signature, hereby contracts with the City of Medicine Hat for the utilities applied for, hereinafter referred to as the "services". The Customer will pay to the City of Medicine Hat all amounts stated on the monthly utility billing for and in consideration of the services provided by the City of Medicine Hat, until such times as the customer applies in writing to have such services discontinued. I hereby agree to abide by all Utility Bylaws and Regulations now and hereafter in force.

Pursuant to s. 33 (a) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an enactment of Alberta. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403 529 8234.

 Signature of Applicant

 Date