

Residential Utility Transfer Application

Moving Out		Application Date:	
Date to End Services:			Own: Rent:
Move Out Service Address:	Apt/Unit Number Street City		
Moving In			
Date to Start Services:			Own: Rent:
Move In Service Address:	Apt/Unit Number Street City		
Applicant Information			
Primary Applicant:	Last First Initial	Date of Birth:	Month Day Year
Identification:	Phone Number: _____		
Please provide ONE of the following ID numbers: Driver's License/Social Insurance/Passport			
Alternate Contact:	Last First Initial	Date of Birth:	Month Day Year
Spouse or Roommate			
Alternate Phone Number: _____			
Mailing Address:			
(if different from Move in address) Apt/Unit Number Street City Province Postal Code			
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			

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

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 – If you are a new utility applicant and have no credit history with the City of Medicine Hat you can apply for pre-authorized payments and the deposit requirement will be waived. If a payment is returned for any reason, you may be removed from the pre-authorized debit program and a deposit may be required.

This payment method is available to all homeowners 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: _____