



Utility Payment Authorization

Utility Account Number: _____ Phone #: _____

Name on Credit Card: _____ Expiry Date: _____

Credit Card Type: ☐ VISA ☐ Mastercard Card #: _____

Utility Payment of full amount owing, to be processed on Utility Due Date, being:

Utility Payment of full amount owing, to be processed on the 1st day of the month:

Utility Payment of full amount owing, to be processed on the 15th day of the month:

Keep my Credit Card number on file and pay each of my utility payments with said credit card as utility invoices become due and payable.

I authorize the Town of Bentley to apply the Utility balance owing to my credit card on the payment date and payment schedule as identified above.

Dated this _____ day of _____, 20 _____

Signature

Printed Name

Witness Signature

Printed Name

Box 179, Bentley AB T0C 0J0
Ph. 403.748.4044 | Fx. 403.748.3213
info@TownofBentley.ca
www.TownofBentley.ca

