



P.O. Box 1538
Rocky Mountain House, AB T4T 1B2
Telephone: (403) 845-4600 Toll Free: 1-888-845-4616
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Email: bmpc@bmpower.coop

Pre-Authorized Payment Plan Application

Please complete this form to enroll in the Pre-Authorized Payment Plan

BMPC Account #: _____ BMPC Account Name: _____

Name of Account Holder(s): _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Phone Home: _____ Cell: _____

Work: _____

I hereby authorize Blue Mountain Power Co-op and the financial institution on my void cheque to begin withdrawals for payment of my Blue Mountain Power Co-op account. This authority is to remain in effect until I notify the office of its termination.

X _____

X _____

*Authorized signature(s), for bank accounts that require more than one signature, please provide all required signatures.

Please return this form to: Blue Mountain Power Co-op
Box 1538
Rocky Mountain House, AB
T4T 1B2

*Payments will be deducted from your account on the last business day of the month

Please attach a blank cheque marked VOID to this application

Entered: _____ Date: _____

ID: Form ADM-0003	Pre-Authorized Payment Plan Application		
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