



Box 501
600 - 2nd Avenue
Thorhild, AB
T0A 3J0

Preauthorized Credit Card Payment Form

Last Name: _____ First Name: _____
North Parkland Power Account #: _____
Telephone Number: _____

I authorized North Parkland Power to debit my credit card with the amount due shown on my monthly statement, plus a 2.5% Credit Card Convenience fee **(as implemented June 1, 2017)** on the last business day of each month.

Card Holder's Name: _____
Credit Card Number: _____
Expiry Date: _____ Verification Code: _____

Card Holders Signature: _____
Date Signed: _____ Effective Date: _____

I am responsible for notifying North Parkland Power of any changes to my credit card information. I may revoke my authorization at any time, subject to providing notice of at least three (3) business days.

Mail, Fax or Email completed form to:
North Parkland Power, PO Box 509 Thorhild AB, T0A 3J0
Fax: 780 398 2025
Email: contact@npprea.ca