

Town of Old Perlican

PREAUTHORIZED PAYMENTS FOR MUNICIPAL TAXES AUTOMATIC DEBIT

PROPERTY INFORMATION :

Tax Account ID : _____ Location : _____

APPLICANT INFORMATION :

Owner Name ; _____ Telephone # : (H) _____ (W) _____

Mailing Address : _____ Postal Code : _____

BANKING INFORMATION :

Name of Visa: _____

Visa # : _____ EXP # : _____ Security Code : _____

PAYMENT INFORMATION :

Total tax bill \$ _____ Monthly Withdraw : \$ _____

Withdraw dates is the 1st of each month. (Or the next business day)

Insufficient monthly withdraw amounts will result in interest charges to your tax account .

APPLICATION DECLARATION :

I/We authorize the Town of Old Perlican to debit the above bank account for payment of municipal taxes .

I have read and agree to the following terms ;

As taxes change, my preauthorized payment will also change accordingly .

I will promptly notify the Town of Old Perlican in writing if this banking information changes .

I will notify the Town of Old Perlican in writing of ownership changes .

This authorization will remain in effect until I notify the Tax Department of cancellation in writing .

For joint account, all depositors must sign below if more then one signature is required on cheques .

Signature of Applicant : _____

Date : _____

Signature 2 (if required) : _____

Date : _____

By Phone/ Mail Agreement _____