



Pre-Authorized Payment Enrollment Form (Interest of 1.17% per month will apply)

Owner Name: _____

Roll #: 1145-_____ Parcel ID: _____

Property Location: _____

Choose ONE:

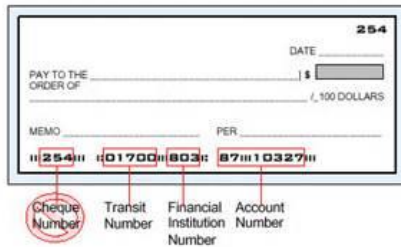
- Weekly
- Biweekly
- Monthly

Start Date: _____ Amount \$ _____

Pre-Authorized Debit (Please include a VOID cheque or provide your banking information)

Bank Name: _____ Account #: _____

Transit # (5 Digits): _____ Bank # (3 Digits): _____



How can we contact you?

Telephone #: _____ Email: _____

I understand that it is the property owner's responsibility to notify the Town of Conception Bay South in writing for cancellation or changes to the pre-authorized payment plan. It will remain in effect until written notice is received. This notification must be received at least 30 days before the next scheduled debit.

Signature

Date