

Town of Shaunavon
AUTHORIZATION FORM
MONTHLY TAX AND/OR UTILITY PREAUTHORIZED PAYMENT PLAN

TAX ROLL NO. _____

UTILITY ACCOUNT NO. _____

Previous Year's Levy: _____

Estimated Monthly charge: _____

Estimated Monthly Installment: _____

Name: _____ Street Address: _____

I/WE HEREBY AUTHORIZE MY/OUR FINANCIAL INSTITUTION TO ALLOW THE TOWN OF SHAUNAVON TO DIRECTLY CREDIT MY/OUR ACCOUNT FOR THE PAYMENT OF TAXES AND/OR UTILITIES AS INDICATED ABOVE.

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

CITY AND PROVINCE: _____

Institution Code _____

Transit # _____

Account # _____

1. Taxes are based on the previous year's levy divided by 12 months, should additional charges be added or taxes adjusted once levied, the new balance is then divided by the remaining months left in the year. Tax Notices will indicate the new PAD payment going forward.
2. Utility bills will be based on actual costs for metered reads and for Quarterly billings will be the costs divided by 3 months to always remain current.
3. To debit my/our account as indicated above on the 15th day of each month for taxes and the 16th day of each month for Utilities.
4. This authorization may be cancelled at any time upon written notice by me/us.
5. Payments dishonored as N.S.F. are subject to a \$25.00 service charge.
6. After two such dishonored payments, the plan may be cancelled by the Town of Shaunavon.
7. No discounts will be granted nor penalties applied to tax accounts participating in the plan.
8. All taxes and utilities must be paid in full by December 31st to be eligible for this plan.
9. In the event of a sale of the above noted property, or a change in bank accounts, it is the property owner's responsibility to immediately notify the Town of Shaunavon and arrange for cancellation or transfer on the plan.

Date: _____

Signature: _____

Telephone: _____

Signature: _____

TO REGISTER, RETURN THIS FORM WITH A VOID CHEQUE OR ACCOUNT INFORMATION STATEMENT FROM YOUR FINANCIAL INSTITUTION BY YEAR-END.