



Town of Daysland

5130-50th Street Box 610, Daysland, AB, T0B 1A0
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AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN FOR TAXES

INSTRUCTIONS:

Please complete all sections below. A separate application is required for each individual property.

Please sign and date the bottom of this authorization

Return the completed form with a blank cheque marked "VOID" to the Town Office, for pre-authorized debit

TERMS AND CONDITIONS

I/We, _____

of _____

Mailing Address

Postal Code

Being the owner(s) renter(s) of the property described as:

Tax Roll No. _____

Land Description (Lot, Block, Plan)

Municipal Street Address

Agree to participate in the Pre-Authorized Debit Plan for Taxes, and I authorize the Town of Daysland to draw a debit in paper, electronic or other form for the purpose of making payment for Property Tax provided:

on my account at the financial institution indicated below and I authorize the financial institution to honour and pay such debits.

I agree that any direction I may provide for pre-authorized debit in accordance with this Authorization, shall be binding on me as if signed by me, and in the case of paper debits, as if they were cheques signed by me.

I understand that the amount of the debit, as calculated on the Monthly Tax Payment Agreement, will be automatically drawn on the 1st working day of each month, beginning in the month of _____, 20____.

I certify that all information provided with respect to the bank account is accurate and I agree to inform the Town of Daysland in writing, of any changes in the account information provided by this Authorization of at least ten (10) business days prior to the next due date of pre-authorized debit.

I may revoke this Authorization at any time upon written notice to the Town of Daysland.

Pre-Authorized Debits that are dishonoured as NSF are subject to a \$25.00 service charge and the Tax account will be levied applicable penalties. I understand that two (2) dishonoured payments by me as the payer will result in the pre-authorized debit service being cancelled.

I/We, hereby authorize the pre-authorized debit of funds in the amount of each monthly billing from my/our Bank Account No. _____ (VOID cheque attached)

Starting Monthly Tax Amount: _____ Phone Number: _____

I understand and agree to the above terms and conditions:

SIGNATURE

DATE

SIGNATURE

DATE

NOTE: The personal information that is being collected will be used for the purposes described. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.