



TOWN OF PARADISE

PREAUTHORIZED PAYMENTS FOR MUNICIPAL TAXES  
AUTOMATIC DEBIT

<b>PROPERTY INFORMATION:</b>			
Tax Account ID:	_____	Location:	_____
<b>APPLICANT INFORMATION:</b>			
Owner Name:	_____	Telephone #:	(H) _____ (W) _____
Mailing Address:	_____	Postal Code:	_____
<b>BANKING INFORMATION:</b>			
Name of Bank:	_____	Branch Address:	_____
Bank Account #:	_____	Bank #:	_____ Branch #: _____

**Please complete this information in detail AND attach a void cheque (unsigned)**

<b>PAYMENT INFORMATION:</b>			
Total Tax Bill	\$ _____	Monthly Withdrawal	\$ _____
		(Total Taxes Divided by 10)	
<b>Withdrawal date is the 15<sup>th</sup> of each month from March to December. (Or the next business day)</b> Insufficient monthly withdrawal amounts will result in interest charges to your tax account.			
<b>APPLICANT DECLARATION:</b>			
I/We authorize the Town of Paradise 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 Paradise in writing if this banking information changes. I will notify the Town of Paradise 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 than one signature is required on cheques.			
Signature of Applicant:	_____	Date:	_____
Signature 2(if required):	_____	Date:	_____
Office Use Posted by: _____ Date: _____			