## PRE-AUTHORIZED PAYMENTS (PAP) FOR MUNICIPAL TAXES AUTOMATIC DEBIT

	7.010		
PROPERTY INFORMA	ATION:		
Tax Account ID:		Location:	
APPLICANT INFORM	ATION:		
Owner Name:		Email Address:	
Mailing Address:		Telephone #:	
		<del>-</del>	
		_	
	<b>ION:</b> Please complete the below inform processed if a void cheque is not atta		void cheque (unsigned)
	orocessed if a void cheque is not atta		
Name of Bank:		Branch Address:	
Bank Account #:	Bank #:		Branch #:
PAYMENT INFORMAT	TION:		
Total Tax Bill	\$	_Monthly Withdra	wal <u></u> \$
		(Total Taxes Divided	by 10)
Withdrawal date is the	e 15 <sup>th</sup> of each month from March to D	ecember (or the ne	ext business day).
	hdrawal amounts will result in non-suffic ensure tax balances are paid in full pric	, ,	
	s more than one NSF payment, account will be charged and other arrangements		
APPLICANT DECLAR	ATION:		
I/We authorize the Tow	n of Paradise to debit the above bank a	ccount for payment	of municipal taxes.
As taxes change, the p Will promptly notify the Will notify the Town in	ree to the following terms: re-authorized payment will change acco Town in writing if the above banking info writing of ownership changes. uthorization will remain in effect until I/we	ormation changes.	cancellation in writing.
For joint accounts, all d	lepositors must sign below if more than	one signature is req	juired on cheques.
Signature of Applicant:		_	Date:
Signature 2 (if required	):	_	Date:
Office Use Posted by:		Date:	

**Privacy Notice:** The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of processing preauthorized payments for taxes. Please note that the information you provide can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please contact the Town at 709-782-1400.