



TOWN OF PARADISE

PREAUTHORIZED PAYMENTS FOR MUNICIPAL TAXES
AUTOMATIC DEBIT

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

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

PAYMENT INFORMATION:
Total Tax Bill \$ Monthly Withdrawal \$
(Total Taxes Divided by 10)
Withdrawal date is the 15th of each month from March to December. (Or the next business day)
Insufficient monthly withdrawal amounts will result in interest charges to your tax account.
APPLICANT DECLARATION:
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: