



Set up your direct deposits and pre-authorized payments easily and conveniently.

Simply complete this form and submit so we may be able to direct deposit to you or pre-authorized payments easily and conveniently. Payments taken out of your account monthly you can choose one of two dates the fifteenth or on the last day of the month.

Your Information

Name (please print) \_\_\_\_\_

Phone : \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

Pre Authorized payment

Banking Information

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Branch Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit #: \_\_\_\_\_ Institution Number: \_\_\_\_\_ Account #: \_\_\_\_\_

\*\*Please provide a void cheque or a bank notice of account form \*\*

Action Requested (check all that you authorize)

Taxes

Budget plan (amount you wish to pay monthly as based on last years or current taxes \$ \_\_\_\_\_)

Pre Authorized Payment Plan (actual amount Yearly ) \_\_\_\_\_ Your Property Roll # \_\_\_\_\_

\*\*If you have more than one property, please provide us a list and the amounts that you would like to pay on each monthly.

Utilities

E- bills ( water/garbage bill to be emailed E-mail address \_\_\_\_\_)

Full bill on due date  Budget plan monthly amount to be paid \$ \_\_\_\_\_ Acct # \_\_\_\_\_

Authorization

I (we) hereby authorize Town of Mundare to direct payments and or debits electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT (electronic funds transfer) transactions to and from my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the Effective date above and is to remain in full force and effect until the Town of Mundare has received notification of its termination. I (we) agree to submit and updated EFT Authorization Agreement Form to the Town for the cancellation of this agreement or to make any changes to the information provided within this agreement. I agree to receive all correspondence for my account by e-mail

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Please return to town office or send by e-mail to pay@mundare.ca