



PREAUTHORIZED PAYMENT FORM PROPERTY TAX ACCOUNT

Name: _____ Roll Number: _____

Property Address: _____

I/We hereby authorize my/our bank:

Financial Institution: _____ Branch Location: _____

Transit # (5 digits): _____ Bank Code (3 digits): _____ Account #: _____

_____ Change Bank Information _____ Stop PAP – Effective: _____

To debit my/our account as indicated above in the amount of \$ _____ on the:

- _____ 15th day of each month (Monthly – M)
- _____ End of each month (Monthly – E)
- _____ 15th & end of each month (Bi-monthly – T)
- _____ Every second Friday (Bi-weekly) (X or W)

Beginning (dd/mm/yyyy): _____:

- This authorization may be cancelled at any time upon written notice by me/us;
- Payments dishonoured as N.S.F. are subject to a \$15.00 service charge;
- After three (3) such dishonoured payments, the plan will be cancelled by the Finance Manager or Taxation Officer of the City of Weyburn;
- No penalties will be levied on the outstanding balance from August to December;
- Taxes must be current to qualify for this program; and
- In the event of a change of residence on the above noted property, or a change in bank account, it is the responsibility of the property resident to immediately notify the City of Weyburn.

(Signature)

(Date)

(Telephone)

***Please enclose a void cheque with your completed form**

