



**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: _____