

MUNICIPALITY OF CROWSNEST PASS PRE-AUTHORIZED TAX PAYMENT PLAN - 2019

Box 600, Blairmore, AB T0K 0E0 Ph: (403)563-2203 Fax: (403) 563-5474 Email: <u>taxroll@crowsnestpass.com</u>

Name: Phone:		Customer ID:	Customer ID:	
		Mailing Address:		
Email:				
Sign up for Paperless Notifi	cations:	Type of Service: Personal PAD Business PAD		
Direct Debit Plan ID (please	choose one)			
[] MID 15 th of Each Mon		by 12)		
[] END 30 th of Each Month (Divided by 12)				This amount may be
[] BOTH 15th & 30th of Eac Required minimum paymen	·	•	·	
nequired minimum paymen	th starting arter sa	nuary 01		
ROLL NUMBER	TAX LEVY		MONTHLY PAYMENT	
 3. This authorization maless than 14 days price preceived 14 days 4. I/we acknowledge as service charge and partice are sult of insufficient 5. I/we have certain reexample, I/we have to 	by notifying the Muray be cancelled at a corto your next paying prior to your next paying payment not harticipation in this pat funds. Ecourse rights if and this paying payment not harticipation in this paying the right to receive in this PAD Agreement	nicipal Office 14 data any time by written nent. Changes to b ayment. onored or process program may be re ny debit does not reimbursement for ent. To obtain mor	nys prior to your next pays notice to the Municipal (anking information, liked ed by my/our bank is s voked if payments are re comply with this agreer any debit that is not autle information on my/our	ment. Office not wise must subject to turned as ment. For horized or
I/We hereby authorize an year's property taxes. Void		orized banking fo		f current
SIGNATURE		DATE		
		START UP DA	ATE	