



Town of Grand Falls - Windsor

P.O. Box 439, Grand Falls - Windsor, NL A2A 2J8

www.grandfallswindsor.com

Pre-authorized Debit Agreement

Applicant Information

Section 1

Owner Name: _____ Customer Code: _____

Address: _____

Home Telephone: _____ Cell Number: _____

E-Mail Address: _____ Roll Number: _____

Payment Details

Section 2

Balance Owing: _____ Month to Begin: _____ Fixed Amt: _____

Monthly Payment Amount: _____

Withdrawal Date: 15th &/Or 30th

Pre-authorized Debit Type:

Property Tax Water Rates Business Tax Poll Tax

Banking Details

Please attach a void cheque (unsigned)

Section 3

Name of Bank: _____

Bank #: _____ Branch #: _____ Bank Account #: _____

Application Declaration

Section 4

I/We authorize the Town of Grand Falls - Windsor & the Financial institution designated above to debit my/our account in the manner specified.

I/We Understand that it is the property owner's responsibility to notify the Town of Grand Falls - Windsor of any change in banking information or ownership.

I/We understand that the Pre-authorized payment plan will continue every year until the Town of Grand Falls Windsor has been notified in writing for cancellation. I/We also understand that the deadline for cancellation is the 10th of that month, after that date the pre-authorized debit can not be stopped until the following month.

I/We understand that if property taxes increase/decrease payments will be changed accordingly without notification, unless specified that a fixed amount is required

I/We have read the above information and understand the terms of the payment plan selected.

Signature of Applicant

Signature 2 (if required)

Date: (yyyy/mm/dd)