

Date

Town of Wainwright

1018 – 2 Avenue Wainwright, AB T9W 1R1 Phone: 780-842-3381

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Email: accountspayable@wainwright.ca

PRE-AUTHORIZED TAX DEBIT FORM

Names:	
Office Use Only Previous Tax Levy: Payment Begins (Date): Monthly Tax Payment: Prepaid Payment Required: (Required if applying after January 15 of Cur Banking Information – Please attach a copy of your void cheque here Name of Financial Institution: Bank # Account # 1. I/we authorize the Town of Wainwright and its Financial Institution to debit my account listed For all property taxes including any local improvement levies payable to the Town of Wainwright.	
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Monthly Tax Payment: Prepaid Payment Required: (Required if applying after January 15 of Cur Banking Information – Please attach a copy of your void cheque here Name of Financial Institution: Bank # Account # 1. I/we authorize the Town of Wainwright and its Financial Institution to debit my account listed For all property taxes including any local improvement levies payable to the Town of Variance in the second secon	
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• For all property taxes including any local improvement levies payable to the Town of V	
 In the amount of the monthly payment shown above, on the 15th day of each month beg indicated above And which amount may increase/decrease in May to the amount included with the annual Property Assessment & Tax Notice by the Town of Wainwright A "VOID" cheque or a signed document from my banking institution is attached to this authoral 3. This authorization may be cancelled at any time upon notice by me/us, and all outstanding tax and payable and subject to penalties. If a monthly payment fails to be honoured by me/us, it is my/our responsibility to contact the Wainwright and make good on the monthly payment, plus NSF charge, within 10 days. If two monthly payments fail to be honoured this will result in termination from the plan and a penalties. In the event of a sale of the above noted property or a change in bank accounts, I/we will note Wainwright at least 15 days prior to the next payment date to arrange for cancellation, or to pubank account information and cheque marked "VOID". 	ual Combined orization. xes become due Town of subject to
Authorized by:	
Name (Please Print) Name (Please Print)	
Signature Signature	

Date