



# Town of Grand Falls-Windsor

## Pre-authorized Payment Authorization Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

>>----- I / We hereby authorize -----<<

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit Number

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Bank Number

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Account Number

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To debit my/our account indicated above on the  15th &/or  30th of each month for all payments payable to: The Town of Grand Falls-Windsor.

Your treatment of each payment shall be the same as if we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account.

This authorization may be cancelled at any time upon notice by me/us. Any delivery of this authorization to you constitutes delivery by me/us.

**Please Note: Pre-authorized payments will continue every year, until we have been notified to stop.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Please enclose a personal cheque marked "VOID".