



**DIRECT PAYMENT SERVICE
ENROLLMENT AUTHORIZATION CARD**

Please fill in and return to The Town of Carbonear with one of your personal cheques unsigned and marked VOID (for verification purposes).

I/WE
Name(s) _____

Address _____

City _____ Province _____ Postal Code _____

AUTHORIZE
The Town of Carbonear

TO DEBIT MY/OUR ACCOUNT ACCOUNT NUMBER _____

Held at _____
Name of financial institution

Branch Address

Transit Number

For the purpose of Municipal Taxes.

IN THE FIXED AMOUNT OF \$ _____ payable monthly, at the end of each month.

Beginning _____
Day/month/year

This agreement to remain in effect until withdrawn in writing by the client.

I/WE have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

Signature Date

Signature* Date

*For joint accounts, all depositors must sign if more than one signature is required on cheques issued against that account.