The City of Pitt Meadows

Pre-Authorized Payment Authorization Form For Property Taxes

Your Tax Roll Number _____

Eligibility for Home Owner Grant. Check one
___ Not Eligible ____Under 65 ____65 or over

_____	_____	_____
Name	Phone	E-Mail

_____	_____	___	_____
Street	City	Province	Postal Code

I/We hereby authorize:

_____
Name of Financial Institution

_____	_____	___	_____
Street	City	Province	Postal Code

to debit my/our account for ten monthly payments per annum payable to:

The City of Pitt Meadows
12007 Harris Road
Pitt Meadows, B.C. V3Y 2B5

Monthly Payment Amount $ _____.

Account"

Bank Number			Transit Number					Account Number									

Your treatment of each payment shall be the same as if I/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 canceled at any time by providing two weeks written notice. Any delivery of this authorization to you constitutes delivery by me/us.

Signature Date

Signature Date

Please enclose one of the cheques for the above noted account marked "VOID". For joint accounts, all depositors must sign.