

Pre-Authorization Agreement

Instructions:

1. Please complete all sections in order to instruct the Town of Yarmouth to make payments directly from your account.
2. Please return the completed form to the Town of Yarmouth, 400 Main Street, or email: accounting2@townofyarmouth.ca
3. If you have any questions, please contact the accounting department at 902-742-2521, ext 234

Payor(s) Information:

Name: _____

Address: _____

Email address: _____

Telephone _____ Cell: _____

Signature(s) of account holder(s): _____

Date: _____

Water Account Property Taxes

Account number: _____

****Please use a separate form for each account.**

Payor Financial Information: (please type or print clearly) – or attach void cheque

Branch Number: _____

Institution: _____

Account Number: _____

Branch: _____

Branch Address: _____

Payment Information:

****Payments are withdrawn on the 30th of each month or the next business day until Payor cancels this agreement.**

Fixed amount to withdrawal each month: \$ _____

OFFICE USE ONLY	
Date Pre-Authorization payments set up:	_____
Employee name:	_____
CANCELLATION OF PRE-AUTHORIZATION	
Date Pre-Authorization payments cancelled:	_____
Employee name:	_____