

## Property Taxes Automatic Monthly Payment Request Form:

Town of Bruderheim Box 280 Bruderheim, Alberta T0B 0S0 780-796-3731

Type of Account: Business Personal	Automatic Monthly Bank (chequing) Payment	
Customer Name:	Bank Name:	
Account Number:	Branch Address:	
Address:	Branch/Transit Number (5 digits):	
City:		
Province:		
Postal Code:		
Contact No.:	with this completed form	YOUR MARK TOWN PROTECTION MAP TVS.
E-Mail Address (optional):		Transit Bank Account
Amount:		Code Code Number
\$	For joint accounts, all depositors must sign this form if more than one signature is requied on cheques issued for the account. Names must appear on the cheque.	
15th of every month.		
	Signature1:	Date:
	Signature 2:	Date:

## Terms and Conditions:

I (we) authorize the Town of Bruderheim to deduct my (our) monthly recurring amount directly from my (our) bank account as per the rules of the Canadian Payment Association. I acknowledge that the Town of Bruderheim will debit my (our) account on the 15<sup>th</sup> of each month. All persons whose signatures are required to sign on the bank account noted above have agreed to this authorization. I (we) will promptly notify the Town of Bruderheim in writing if there are any changes to my (our) account information. This payment authorization agreement may be cancelled at any time provided written notice is received by the Town of Bruderheim 30 days before the next scheduled due date. To obtain a sample cancellation form, or for more information on my (our) right to cancel Automatic Monthly Payment Agreement, I (we)may contact my (our) financial institution or visit www.cdnpay.ca. Cancellation of this agreement applies only to the payment method and does not cancel my (our) service with the Town of Bruderheim. I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not aurthorized or is not consistent with this Automatic Monthly Payment Agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca the Town of Bruderheim reserves the right to terminate my (our) enrollment into the program at anytime.