Property Tax and Utilities Pre-Authorized Payment Schedule A – Bylaw 1319

Name(s)			Telephone Number								
Mailing Address											
Civic Property Address		Email A						_			
FINANCIAL INSTITUT	ION INFORMAT		eck if you	would lik	ke to r	eceiv	e you	r billin	ngs by email		
(Blank cheque marked "VOID" your bank complete this section)	to be returned with the		n. If you o	do not hav	e a cł	nequir	ng acc	count, j	please have		
Name of Bank or Financial Instit		Branch Address									
									7		
Branch # Institution #		<u> </u>	Bank Account #								
To debit my/our account to the TOWN OF OLIV Utility Pre-Authorized Utility Account Numbe To debit my/our account Plan, to the TOWN OF	YER, and I/We the und Payment Plan. The state of the content of t	dersigned have re	ead and ag	f the Prope	terms	and ax Pr	condi e-Aut	tions o	of the		
Property Tax Roll Num	ber			_							
Please indicate whether or not we may adjust your monthly ta	•			r Grant o	n this	s proj	perty	so tha	ıt		
770.00 Grant \$104	70.00 Grant \$1045.00 Grant			No Grant							
I/WE HAVE READ AND UNI UTILITIES PRE-AUTHORIZ		ERMS OF THE	TAX PR	EPAYMI	ENT]	PLA	N AN	D/OR	ТНЕ		
Signature of Account Holder	——————————————————————————————————————	Signature of Account Holder									