



TOWN OF VIEW ROYAL PRE-AUTHORIZED PROPERTY TAX PAYMENT AUTHORIZATION FORM

REGISTERED OWNERS: _____ Folio No. _____

_____ Start Date: _____

CIVIC ADDRESS: _____ Phone No: _____

_____ Email: _____

We hereby authorize _____ Monthly Amount \$ _____
Name of Financial Institution

Branch Address: _____

Bank Account Number _____ Personal Business

To debit my/our account indicated above on or after the 15th day of each month for the months August to May inclusive each year. All payments are to the Town of View Royal. Attached is my/our void cheque (or stamped confirmation from financial institution).

SIGNATURES _____ DATE: _____

_____ DATE: _____

- For a joint account all depositors must sign if more than one signature is required on cheques issued against the account for verification purposes. **Please attach a void cheque.**
- The designated monthly withdrawal amount above will not change unless a pre-authorized payment modification form is completed.
- I / We understand that payments made are non-refundable and that it is my / our responsibility to cancel this plan if I / we sell the property. Initial: _____

TERMS AND CONDITIONS OF CUSTOMER'S AUTHORIZATION TO THE TOWN OF VIEW ROYAL

By signing this authorization, I/we authorize the Town of View Royal and their financial institution to begin deductions as per my/our instructions for monthly regular recurring payments, for payment of all charges arising under my/our property tax account.

This authority is to remain in effect until the Town of View Royal has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. Sample cancellation forms or more information may be obtained through your financial institution or by visiting www.cdnpay.ca. Town of View Royal cancellation or modification forms may be obtained at the address below.

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 pre-authorized debit that is not authorized or is not consistent with this agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

The **home owner grant application** is the responsibility of the taxpayer and must be completed and returned to the Town Hall every year before the penalty date to avoid penalties. Initial: _____