



Municipal District of Opportunity

**PRE-AUTHORIZED DEBIT PAYMENT
CONSENT**

PROPERTY TAXATION

Please complete all sections below and attach a blank cheque marked "VOID" or ask your bank for a counter cheque.

Tax Account No. _____

Customer Information:

Name _____

Address _____

City _____

Postal Code _____

Bank Information:

Name _____

Address _____

City _____

Postal Code _____

I, as the account holder, authorize the Municipal District of Opportunity to debit my bank account until such time as I give written notice to the contrary.

I understand the amount debited will be \$ _____ per month, which will be drawn from my bank account of the 15th of each month beginning in _____.

I understand that I am responsible for notifying the Municipal District of Opportunity if my bank account is not debited. I will also notify the Municipal District of Opportunity of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorization debit.

Signature of Account Holder(s)

Date

