

**TOWN OF SIDNEY
PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM**

REGISTERED OWNERS: _____ Folio: _____

Starting Date: _____

CIVIC ADDRESS: _____ Phone No: _____

We hereby authorize _____ Amount \$: _____

NAME OF FINANCIAL INSTITUTION

Branch Address: _____

Bank Account Number: _____ Personal Business

To debit my/our account indicated above on or after the 1st day of each month for the months August to May inclusive each year. All payments are to be made to the Town of Sidney. *My/ our void cheque (or stamped confirmation from financial institution) is attached.*

SIGNATURES: _____ 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 understand that it is my responsibility to cancel this plan if I sell my property. Initial: _____

**TERMS AND CONDITIONS OF CUSTOMER'S AUTHORIZATION
TO THE TOWN OF SIDNEY**

By signing this authorization, I/we authorize the Town of Sidney 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 Sidney 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 Sidney cancellation 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 Municipal Hall every year before the penalty date to avoid penalties.

TOWN OF SIDNEY 2440 SIDNEY AVE SIDNEY BC V8L 1Y7 250-656-1184 www.sidney.ca