



Corporate Services Department
Finance Division

City of Mount Pearl
3 Centennial Street
Mount Pearl, NL
A1N 1G4

Telephone: (709) 748-1000
Email: taxation@mountpearl.ca
Website: www.mountpearl.ca

**DIRECT PAYMENT SERVICE
ENROLLMENT AUTHORIZATION**

Please complete and return to the City of Mount Pearl with a copy of your **cheque**, unsigned and marked **"VOID"** (for verification purposes) or your bank's Customer Account Information (form for Payroll, Preauthorized Payments).

I / WE

Name: _____ Phone: _____

Civic Address: _____ Email Address: _____

City: _____ Province: _____ Postal Code: _____

HEREBY AUTHORIZE THE CITY OF MOUNT PEARL TO DEBIT MY/OUR BANK ACCOUNT FOR THE PURPOSE OF THE PAYMENT OF MUNICIPAL TAXES IN THE FOLLOWING MANNER:

Monthly, in the amount of my annual taxes amortized over 12 months

Semi-annually, in the amount of my semi-annual taxes due January and July of each year.

Other, in a monthly fixed amount of \$_____.

I UNDERSTAND THAT IF PROPERTY TAXES INCREASE/DECREASE PAYMENTS WILL BE CHANGED ACCORDINGLY AND THAT WITHDRAWALS ARE MADE AT MONTH END OR THE NEXT BUSINESS DAY IF THE END OF THE MONTH FALLS ON A WEEKEND OR HOLIDAY.

ACCOUNT NUMBER: _____

Held at _____
Name of Financial Institution

Branch Address: _____ Transit Number: _____

I / We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

Signature

Date

Signature

Date

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

FOR OFFICE USE ONLY:

Roll Number: _____ Prepared by: _____