



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**

Return completed form 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**, amortized so that my account balance is paid in full at calendar year end.

**Semi-annually**, in the amount of my semi-annual taxes withdrawn at the installment due dates.

**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: \_\_\_\_\_