Pre-Authorized Payment Authorization Form

Property Address: _____   Folio Number: _____

Name: _____ Mailing Address: _____

City/Province: _____   Postal Code: _____

Phone No. Home: _____ Work: _____ Cell: _____

A personal cheque marked "Void" or a Pre-Authorized Banking Information sheet from your bank is required.

Monthly Payment Amount:

$ _____ debit to my/our account for ten monthly payments per annum payable to: City of Pitt Meadows, 12007 Harris Rd, Pitt Meadows, BC V3Y 2B5.

I understand that payments through this program are non-refundable. In case of a sale of the property, any credit balance in my account will be purchased by the new owner.

Your treatment of each payment shall be the same as if I/We had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account. This authorization may be cancelled at any time by providing two weeks written notice. Any delivery of this authorization to you constitutes delivery by me/us.

Signature: _____   Date: _____

Signature: _____   Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

Date	Action	Account Signature	Date changed & Initial
	Change payments to $ _____ Change bank info (attach void cheq) Cancel Pre-Authorized Withdrawal		
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Attached void cheque