



Cape Breton Regional Municipality Pre-Authorized Payment Form

320 Esplanade, Sydney, NS, B1P 7B9
taxbill@cbrm.ns.ca

ACCOUNT NAME (First line of name)			
ADDRESS		POSTAL CODE	
E-MAIL		PHONE	
TAX ACCOUNT NUMBER		PAYMENT AMOUNT	\$
WATER ACCOUNT NUMBER		PAYMENT AMOUNT	\$

1st of the month 15th of the month STARTING DATE: DD / MM / YYYY

Banking Information		REQUEST:	<input type="checkbox"/> ENROLLMENT REQUESTED <input type="checkbox"/> ENROLLMENT CANCELLED <input type="checkbox"/> UPDATE BANKING INFORMATION
INSTITUTION NUMBER (3 DIGITS)	_____	TRANSIT NUMBER (5 DIGITS)	_____
ACCOUNT NUMBER	_____		
INSTITUTION NAME & ADDRESS	_____		

You may include a voided personal cheque or copy of banking information from banking institution.

If submitting electronically, attach a photo of a voided cheque.

I/We hereby authorize Cape Breton Regional Municipality and the financial institution indicated above to release funds for payment for monthly billing charges under the terms and conditions of this request and as indicated above.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

DATE _____

NAME (PRINT) _____ SIGNATURE _____

NAME (PRINT) _____ SIGNATURE _____

OFFICE USE ONLY:

SIGNED:		DATED:	
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