Cape Breton Regional Municipality

320 Esplanade
Sydney, Nova Scotia, B1P7B9
taxbill@cbrm.ns.ca
Tel: **902-563-5025** Fax: **902-563-5296**

PRE-AUTHORIZED PAYMENT FORM

ACCOUNT NAME (List all if applicable)			
ADDRESS		POSTAL CODE	
E-MAIL		PHONE #	
TAX ACCOUNT #		PAYMENT AMOUNT	$
WATER ACCOUNT #		PAYMENT AMOUNT	$
☐ 1st of the month ☐ 15th of the month		Starting Date:	
Request: ☐ ENROLLED REQUEST ☐ ENROLLMENT CANCELED ☐ UPDATE BANKING INFORMATION			

You must include a void personal cheque or copy of banking information from a banking institution. If submitting electronically, attach a photo of a void 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.

NAME (Print) _____ SIGNATURE _____

NAME (Print) _____ SIGNATURE _____

DATE _____

OFFICIAL USE ONLY	
SIGNED:	DATED:

Revised August 2026