



**CITY OF PORT ALBERNI**

**TAX ACCOUNT – MONTHLY DIRECT DEBIT AUTHORIZATION FORM**

Terms & Conditions:

- This is a **Payment program only** – Penalties and/or interest still accumulate on any current or future amounts outstanding.
- Payments are applied first to outstanding interest, penalties and then to taxes.
- This direct debit program will continue each and every month, unless the City is otherwise notified.
- Written notification to the City of Port Alberni is required 15 days prior to a payment date for the following changes: selling your property, changing your bank account, bank or branch and withdrawal from the Direct Debit plan.
- All dishonoured payments will be subject to a \$30.00 administration charge. The City of Port Alberni will cancel this agreement if two payments are not honoured by the Financial Institution.

I/We the undersigned have read and agree to the terms and conditions of this agreement and hereby authorize the City of Port Alberni to draw monthly payments from my/our account to be applied to my/our property tax account on the **15<sup>th</sup> of each month.**

MONTHLY PAYMENT: \$ \_\_\_\_\_ TAX ROLL #: \_\_\_\_\_

Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

**A “VOID” blank cheque must be attached to this authorization.** For joint accounts, all depositors must sign if more than one signature is required on the cheque. This authorization may be cancelled at any time by written notice. All payments are to be made to the City of Port Alberni.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** It is the responsibility of the owner to complete and sign the Home Owner Grant application (if eligible) before the Tax Due date each and every year to avoid penalty.

**(For Office Use Only)**

Date Entered: \_\_\_\_\_

Initials : \_\_\_\_\_