



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 (PERSONAL/BUSINESS) 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**Semi-annually**, in the amount of my semi-annual taxes withdrawn at the installment due dates.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.**

**I/WE HAVE CERTAIN RECOURSE RIGHTS IF ANY DEBIT DOES NOT COMPLY WITH THIS AGREEMENT. FOR EXAMPLE, I/WE HAVE THE RIGHT TO RECEIVE REIMBURSEMENT FOR ANY DEBIT THAT IS NOT AUTHORIZED OR IS NOT CONSISTANT WITH THIS AGREEMENT.**

**I/WE MAY REVOKE MY/OUR AUTHORIZATION AT ANY TIME, SUBJECT TO PROVIDING NOTIFICATION TO THE CITY OF TERMINATION. SUCH NOTIFICATION MUST BE RECEIVED BY THE 25TH DAY OF THE MONTH PRIOR TO THE NEXT SCHEDULED PAYMENT.**

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: \_\_\_\_\_