

PRE-AUTHORIZED PAYMENT AGREEMENT FORM

Municipality of Argyle Account Number: _____

Name on Account: _____

Please complete the following and have your financial institution verify your account number or attach a **VOID** cheque.

Financial Institution to be Debited:

Bank Account Number: _____ Branch: _____ Transit: _____

Bank Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone Number: _____

Account Holder Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Monthly (1st, 15th or 30th): _____ Amount: _____

Annually: _____

Start Date: _____ End Date: _____

I/We hereby authorize Coastal Financial Credit Union to make withdrawal payments directly from the account described above and must give a minimum of **TWO WEEKS** notice to cancel.

I/We understand that interest is charged at 13% per year, on all outstanding balances.

Signature: _____

Signature: _____

(If a joint account is being used, all signatures are required.)

Date: _____ Telephone Number: _____

Email: _____

Please return completed form and voided cheque to

e-mail: taxation@munargyle.com

or Fax: 902-648-0367

or by mail: PO Box 10 Tusket NS B0W 3M0