

**Property Tax and Utilities Pre-Authorized Payment  
Schedule A – Bylaw 1319**

\_\_\_\_\_  
Name(s) Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Civic Property Address

\_\_\_\_\_  
Email Address

Please check if you would like to receive your billings by email.

**FINANCIAL INSTITUTION INFORMATION:**

(Blank cheque marked "VOID" to be returned with the completed form. If you do not have a chequing account, please have your bank complete this section)

\_\_\_\_\_  
Name of Bank or Financial Institution

\_\_\_\_\_  
Branch Address

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Branch #

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Institution #

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Bank Account #

I/We warrant and guarantee that the persons whose signatures are required to authorize withdrawals from the account have signed the Authorization below.

To debit my/our account indicated above according to our billing frequency for all utility payments payable to the TOWN OF OLIVER, and I/We the undersigned have read and agree to the terms and conditions of the Utility Pre-Authorized Payment Plan.

Utility Account Number \_\_\_\_\_

To debit my/our account in accordance with the terms and conditions of the Property Tax Pre-Authorized Payment Plan, to the TOWN OF OLIVER for pre-authorized monthly payments from August to May.

Property Tax Roll Number \_\_\_\_\_

**Please indicate whether or not you are eligible for a Provincial Home Owner Grant on this property so that we may adjust your monthly tax prepayment amount accordingly.**

770.00 Grant

\$1045.00 Grant

No Grant

**I/WE HAVE READ AND UNDERSTAND THE TERMS OF THE TAX PREPAYMENT PLAN AND/OR THE UTILITIES PRE-AUTHORIZED PLAN.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder