

Pre-Authorized Payment (PAP) Enrollment

Please return this by Mail to: PO Box 1749, Halifax, NS B3J 3A5 By Email to: <u>cashmgmt@halifax.ca</u> For More Information, Please Contact us at 311, 1-800-835-6428 (NS only) or <u>cashmgmt@halifax.ca</u>

PLEASE SELECT ONLY ONE PRE-AUTHORIZED PAYMENT OPTION BELOW:

For PROPERTY TAXES Only:

New Agreement

Change to Existing Agreement

PLEASE ENSURE TO ENCLOSE A VOID CHEQUE WHEN RETURNING THIS FORM TO THE MUNICIPALITY

	Customer Information
Customer Name:	Email:
Customer Address:	
Account #:	Daytime Phone #
Payments for (select one):	Personal Use Business Use
Ban	king Information (MUST ATTACH VOID CHEQUE OR AUTHORIZED BANK INFORMATION)
AUTHORIZED BANKING INFO information must include Ba Change of Account Informat	egular payment will be debited from the account provided on the attached. [MUST ATTACH VOID CHEQUE, OR DRMATION PROVIDED BY YOUR BANK.] Must be a Canadian domiciled bank account in Canadian funds. Banking nk Name, Branch Number, Institution Number, Account Number and Account Holder Name. ion: If there is a change in banking information such as a new account and/or closed account, please provide a New Pre- Enrollment Form at least fifteen (15) business days prior to the next scheduled debit.
	Pre-Authorized Payment Options (only select 1 option)
OPTION 1 – Due Date	
I Please print your April and October of each y	, authorize Halifax Regional Municipality to debit my bank account on the last business day of name ear for the amount of my interim and final tax bills.
OPTION 2 – Monthly	
OPTION 2 – Monthly Please Indicate:	or Bi-Weekly FIXED AMOUNT VARIABLE AMOUNT (Based on bi-annual auto-calculation)
	FIXED AMOUNT VARIABLE AMOUNT (Based on bi-annual auto-calculation)
Please Indicate:	FIXED AMOUNT VARIABLE AMOUNT (Based on bi-annual auto-calculation)
Please Indicate: I I Please print your I would like my payments to Should you wish to increase at least fifteen (15) busines	FIXED AMOUNT VARIABLE AMOUNT (Based on bi-annual auto-calculation)
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Please Indicate: Please print your Nease print	FIXED AMOUNT VARIABLE AMOUNT (Based on bi-annual auto-calculation)

I HAVE READ AND AGREE TO THE TERMS & CONDITIONS LISTED ABOVE

Date

Name (please print)

Signature

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff for purposes relating to the payment of interim and final tax bills. If you have any questions about the collection and use of this information, please contact the Access and Privacy Office at 902-490-4390 or <u>accessandprivacy@halifax.ca</u>