



FOR OFFICE USE ONLY:	Prior year tax levy _____
Customer ID: _____	Months remaining _____
Setup done by: _____	Monthly amount _____

TAX PRE-AUTHORIZED PAYMENT PLAN APPLICATION

Personal Information

Account Name: _____

Civic Address and Telephone #: _____

Mailing Address (if different from civic address): _____

Roll # (Ten Digits): _____

Banking Information (attach VOID cheque)

Name of Financial Institution: _____

Address and Telephone #: _____

Transit # _____ Branch # _____ Account # _____

I hereby authorize the City of Dauphin to make monthly tax withdrawals from my bank account on the said specified dates. Further I understand the monthly withdrawal amount is based on an estimate of taxes and there will be an adjustment in July to pay the remaining balance owing.

Signature: _____ Date: _____

Print Name: _____