

North Cedar Improvement District

2100 Yellow Point Road, PO Box 210
Cedar, BC V9X 1W1

PRE-AUTHORIZED BILLING PAYMENT

ACCOUNT HOLDER INFORMATION:

Last Name:		First Name:	
Mailing Address:			
City:	Province:	Postal Code:	Telephone Number:
Water Account (8 digit)		Parcel Tax Account (8 digit – roll number)	

FINANCIAL INSTITUTION INFORMATION: Please attach a cheque marked VOID to this PAD authorization.

If you do not have a chequing account, please have the above noted information completed by your banking institution.

Name of Canadian Banking/Financial Institution		
Street Address of Banking/Financial Institution		
City	Province	Postal Code
Bank Account		
Institution Number:	Transit Number:	Account Number:

I/We warrant and represent that the following information is accurate.

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

I/We acknowledge that this constitutes delivery by me/us to the noted Canadian bank/financial institution.

Authorized Signature

Authorized Signature

Date

FOR OFFICE USE:

PAP – Water	mm/dd/yy
PAP - PT	mm/dd/yy
CAFT	mm/dd/yy