Town of Grand Coulee

102 Railway Avenue, Grand Coulee, S4M 0A3 306-352-8694 grandcoulee.cap@saskatel.net

Preauthorized Debit Payment A		
l,, ,	Address,	hereby authorize the
municipality of Grand Coulee to del	oit my bank account on a monthly bas	is for the payment of:
[] Hailian hailla		
- [] Utility bills - [] Property taxes		
- [] Froperty taxes		
Bank Account Information:		
Bank Name:		
Branch Address:	_	
Account Holder Name:	Institute #	
Account Number:	Transit #	
•	ts shall be withdrawn on the 10 th of the office 5 business days before the 30 th of the office 5 business days before the 30 th of the office 5	
Utility Bill		
current billed amount	(initial)	
or set amount\$		
Property Tax Amount		
Equalized payment		
or set amount chosen \$		
I understand and agree to the term	s and conditions outlined in the munic	cipality's Preauthorized Debit
	responsibility to update the payment	•
tax notice and to inform the munici	pality of any changes to the debited a	mounts or to my financial
institute change.		
Signature:	Date:	
	cipality office for processing. For inqu	
preauthorized debit arrangement, p	please contact Town of Grand Coulee,	306-352-8694
[Note: This form serves as authoriza	ation for preauthorized debit payment	ts and must be completed and

submitted by the ratepayer to the municipality for processing.]