Town of Grand Coulee

102 Railway Ave, Grand Coulee, S4M 0A3

Preauthorized Debit Payment Authorization Form

l,	, Address,	hereby authorize the
mur	nicipality of Grand Coulee to debit my bank account on a monthly basis for the	payment of:
- [] Utility bills	
	Property taxes	
Pan	k Account Information:	
Dall	R ACCOUNT IIIIOTHIALIOH.	
Ban	k Name:	
Brai	nch Address:	
Diai		
Acc	ount Holder Name:	
Acc	ount Number:	
		
-	ment Details: (all PAD payments shall be withdrawn on the 10th of the month,	
pay	ment shall be submitted to the office 5 business days before the 30th of the m	onth)
Utili	ty Bill	
curr	ent billed amount (initial)	
or s	et amount\$	
Pro	perty Tax Amount	
-	alized payment	
or s	et amount chosen \$	
میر ا	derstand and agree to the terms and conditions outlined in the municipality's I	Proputhorized Debit
	ment Policy. I acknowledge my responsibility to update the payment amounts	
-	notice and to inform the municipality of any changes to the debited amounts of	
	tute change.	,
Sign	ature: Date:	
Dloa	se return this form to the municipality office for processing. For inquiries or m	adifications to your
	authorized debit arrangement, please contact Town of Grand Coulee, 306-352-	
[N :		akka asaa da ta ta ta ta
_	te: This form serves as authorization for preauthorized debit payments and mu mitted by the ratepayer to the municipality for processing.]	ist be completed and
SUDI	mitted by the ratepayer to the municipality for processing.]	

GG-Preauthorized Debit Payment Policy approved April 11, 2024 Res #2024-081 Phone # 306-352-8694 email: Grandcoulee.cap@sasktel.net