



# Town of Claresholm

## Direct Withdrawal Authorization for Electronic Funds Transfers (EFT)

Contact Information	
Name/Company:	
Civic Address:	
Mailing Address:	
Contact Person:	Phone:
Title or position:	Fax:

Bank Account Information for Deposits	
Please attach a blank cheque with your bank information on it. Write "VOID" across the front. Alternatively please provide the below information via direct deposit form from your bank or have your bank complete and stamp this section.	
Type of Account (please circle):	<b>Chequing</b> <b>Savings</b>
Name of bank or financial institution:	
Mailing address of branch where account is held:	
Transit No:	Teller Stamp:
Institution No:	
Account No:	

Authorize Electronic Funds Withdrawal	
I Authorize the Town of Claresholm to withdraw, by electronic fund transfer, amounts owed by me to the Town of Claresholm for the designated programs below. The Town of Claresholm will withdraw payments from the banking account designated above. I recognize that it is my responsibility to ensure the banking information provided is accurate and kept updated. If I give incomplete or inaccurate information, or do not update the information if my banking information changes, withdrawals may not process or be made from the wrong account causing my payments to be in arrears.	
Authorized signature:	Title:
Printed name:	Date:

Please check all that apply:	
<input type="checkbox"/>	Tax Installment Payment Plan (TIPP)
<input type="checkbox"/>	Utility Payment Plan (UPP)
<input type="checkbox"/>	Billboard Lease

Please Fax, mail or email completed forms and voided cheque to:		
Attention: Accounts Receivable Department		
<b>Mailing Address:</b>	<b>Fax:</b>	<b>E-mail</b>
PO Box 1000	403-625-3869	marianna.orge@claresholm.ca
Claresholm, AB T0L 0T0		