

TOWN OF RADISSON

DIRECT DEBIT SIGN UP SHEET

PAYOR INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PAYMENT INFORMATION:

TAXES: \$ _____ Per Month Date: 15TH or 30TH Tax Roll # _____

WATER: \$ _____ Per Month Date: 15TH or 30TH Utility Acct. # _____

- ***PLEASE RETURN FORM TO OUR OFFICE FOUR (4) DAYS PRIOR TO THE DATE SELECTED FOR WITHDRAWL TO ALLOW FOR SET UP AND PROCESSING TIME.***

BANKING INFORMATION or ENCLOSE A "VOID" CHEQUE:

ROUTE: _____

TRANSIT: _____

ACCOUNT: _____

The specified amount will be directly withdrawn from your account on the date selected above. Please ensure the funds are available. Any NSF occurrences will result in removal from the CAFT program and any costs or fees will be added to your account.

SIGNATURE OF PAYOR _____

DATE: _____