

Town of St. Brieux
 Box 249 St. Brieux, SK S0K 3V0
 Phone (306) 275-2257 Fax (306) 275-4949
 e-mail brieux@sasktel.net

PRE-AUTHORIZED PAYMENT FORM

Last Name:	First Name:
Transaction Type:	Withdrawal
Account Number	
<u>Institution</u>	<u>Transit:</u>
<u>Route:</u>	
PAYMENT FOR:	Utilities Taxes
<u>Frequency:</u>	Scheduled: 4 th day of month
<u>First Pay Date:</u>	Month MMM Day DD Year YYYY
<u>Amount:</u>	(if applicable)

I (We) hereby authorize the Town of St. Brieux to debit my (our) account as per the aforementioned financial information.

 Signature of Client/Employee

 Date

 Signature of Client/Employee

 Date

Office Use Only:			
Action:	ADD	CHANGE	DELETE
Originator	Water & Sewer	Taxes	
	BANKING INFO ENTERED	Y	