



The Municipality of the County of Kings

Pre Authorized Payment Form

Questions/Inquiries: 690-6144 or 847-3051 (Kingston/Greenwood)

payment@county.kings.ns.ca

YOUR INFORMATION

Name: _____

Address: _____

Phone (home): _____ (work/cell): _____

TAX or UTILITY ACCOUNT INFORMATION

Account number(s) - from property tax or utility bill Name on bill

_____	_____
_____	_____
_____	_____
_____	_____

BANKING INFORMATION

Account Number: _____ Branch #

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 Bank #

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Name of Bank: _____

Address of Bank: _____

Chequing Savings

PAYMENT INFORMATION

Monthly withdrawals of \$ _____ to start the 28th of _____ (month)

Full **The full amount of the tax billing in May and September will be debited from your bank account on the 28th of May and September.**

Full (Utility) **The full amount of the utility bill will be debited from your bank account 2 days prior to the due date.**

I/We authorize Kings County to debit my/our account on the 28th day of the month. I/We understand that this program will be continued for subsequent years unless the County receives written notification stating that you wish to withdraw from the program. Any changes by you, the taxpayer, must be received in writing fifteen (15) days prior to the next payment date.

IMPORTANT THINGS TO KNOW

- Interest will be charged at the end of each month on the outstanding balance.
- New applications and changes must be received 15 days prior to the next payment date to be included for that month.
- The program will automatically continue unless you contact Kings County.

Please return this Application Form with a VOID CHEQUE to:

The Municipality of the County of Kings
PO Box 100, 87 Cornwallis Street, Kentville, NS B4N 3W3
or fax to (902) 679-2820

Signature _____ Date _____

Signature _____ Date _____

For office use only:

Date rec'd	Rec'd by	P.I.	S.D.	Entered by	Entered date
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