



**The Municipality of the County of Kings**  
 Pre-Authorized Payment Form  
 Questions/Inquiries: 690-6144 or 1-888-3372999  
 payment@county.kings.ns.ca

YOUR INFORMATION			
First Name	Initial	Last Name	
Civic #	Street	Town/Village	Postal Code
Phone (Home)		Work/Cell:	

TAX or UTILITY ACCOUNT INFORMATION	
Account number(s) – from property tax or utility bill	Name on the bill

BANKING INFORMATION		
Account Number	Branch Number	Bank Number
Name of Bank	Address of Bank	
<input type="checkbox"/> Chequing	<input type="checkbox"/> Savings	

PAYMENT INFORMATION
<input type="checkbox"/> Monthly withdraw of \$ _____ to start on the 28 <sup>th</sup> of _____ (month) <input type="checkbox"/> Yes, please adjust my PAP contributions automatically every year based on the CPI increase in property tax.
<input type="checkbox"/> <b>Full</b> The full amount of the tax bill in May and September will be debited from your bank account on the 28 <sup>th</sup> of May and Sep.
<input type="checkbox"/> <b>Full (Utility)</b> The full amount of the utility bill will be debited from your bank account 2 days prior to the due date.
<p><b>I/We authorize Kings County to debit my/our account on the 28<sup>th</sup> day of the month. I/We understand that this program will be continued for subsequent years unless the County receives written notice 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 day.</b></p>

IMPORTANT THINGS TO KNOW
<ul style="list-style-type: none"> <li>Interest will be charged at the end of each month on the outstanding balance.</li> <li>New application and charges must be received 15 days prior to the next payment date to be included for that month.</li> <li>The program will automatically continue unless you contact Kings County.</li> </ul>

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 Received	Received By	P.I.	S.D.	Entered by	Entered Date