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Roll Number/Utility Account

Property Address: _____

Name: _____ Phone: _____

Bank Account Holder

Name: _____ Phone: _____

Joint Bank Account Holder

E-Mail Address: _____ Effective Date: _____

MM/15/YY

For Office Use Only

Please submit this form with a **sample cheque marked "VOID" or an account confirmation from your financial institution at least ten (10) days before your next scheduled withdrawal date.**

Date Entered: _____ Entered By: _____

Signature of Bank Account Holder

Name: _____

Date: _____

Signature of Joint Bank Account Holder

Name: _____

Date: _____

The personal information requested on this form is being collected by the Municipal Operation as required by the Town of Slave Lake, under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIP act) Section 33(c). If you have questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP Coordinator at 780-849-8000.

Return in person, by fax at 780-849-2633, or by e-mail at propertytax@slavelake.ca, utility@slavelake.ca or finance@slavelake.ca.