



TOWN OF INUVIK

AUTHORIZATION FOR AUTOMATIC DEBIT

Date: _____

Customer Number: _____

Name: _____

Address: _____

I hereby authorize the Town of Inuvik to debit my Visa/MasterCard for the amount of my monthly Water and Sewer Bill.

Name on Card: _____

Card Number: _____

Expiry Date: _____

(Witness)

(Signature)