

 <p><b>TOWN OF INUVIK</b> <i>Our Community • Our Spirit</i></p>	<h1>Town of Inuvik</h1> <p>Utilities – A/R Department <a href="http://www.inuvik.ca">www.inuvik.ca</a></p>	2 Firth Street PO Box 1160 INUVIK NT X0E 0T0	PHONE 867 777 8602 FAX 867 777 8601	boconnor@town.inuvik.nt.ca
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**AUTHORIZATION FOR AUTOMATIC DEBIT OF CREDIT CARD**

Customer Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Town of Inuvik to debit my Visa/Mastercard for the amount  
Of my monthly Water & Garbage Bill.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date