



TOWN OF INUVIK
AUTHORIZATION FOR AUTOMATIC DEBIT
Property Taxes

Date: _____

Name: _____

Mailing Address: _____

Phone (home): _____

Phone (work): _____

Name on Card: _____

Type of Card: _____

Card Number: _____

Expiry Date: _____

*I hereby authorize the Town of Inuvik to debit the above Credit Card on the _____ day
of
each month for payment of my property taxes.*

Signature

Witness

For office use only:

Property Tax Roll No. _____

Legal Description: _____

Street Address: _____