



**TOWN OF INUVIK**

**TOWN OF INUVIK  
AUTHORIZATION FOR CREDIT CARD  
Property Taxes**

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

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

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

Phone No. (home): \_\_\_\_\_

Phone No. (work): \_\_\_\_\_

Email address: \_\_\_\_\_

**CREDIT CARD INFORMATION:**

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

Type of Card: \_\_\_\_\_

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

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

CCV ( 3 Digits) \_\_\_\_\_

Please check one:

**DATES FOR PRE AUTH ARE 1<sup>ST</sup>, 15<sup>TH</sup>, 30<sup>TH</sup> OF EACH MONTH**

- 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.
- I hereby authorize the Town of Inuvik to charge the above credit card on the due dates for the interim and annual tax bills.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

***For office use only:***

Property Tax Roll No. \_\_\_\_\_

P.I.D. No. (internet banking) \_\_\_\_\_

Legal Description: \_\_\_\_\_

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