

Halifax Regional Municipality is moving toward electronic payment practices to enable faster processing of your refunds. Electronic payment will also eliminate the threat of fraud, lost or stolen cheques.

Please complete this form and return it with a VOID cheque to

**Halifax Regional Municipality**  
 PO Box 1749  
 Halifax NS B3J 3A5

*\*Your void cheque or bank transmittal form supplied by your financial institution will provide us with all the necessary banking information.*

HOLD HARMLESS CLAUSE			
Halifax Regional Municipality and its Banker are entitled to rely on the information supplied by you.			
ASSESSMENT NUMBERS			
PAYEE NAME		MAILING ADDRESS	
EMAIL ADDRESS			
PHONE (HOME)	PHONE (WORK)		

I/We (the undersigned) hereby authorize the Halifax Regional Municipality to make deposits to our account and deliver remittance information as indicated above.

I/We (the undersigned) acknowledge full responsibility for the accuracy of information provided and agree to confirm receipt of funds or to immediately advise the municipality if payment is not received.

*In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals under service contract with the Halifax Regional Municipality for purposes relating to electronic payment services, unless otherwise noted on the form. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-490-7460 or [accessandprivacy@halifax.ca](mailto:accessandprivacy@halifax.ca)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only:

Staff Receiving: \_\_\_\_\_ Date: \_\_\_\_\_