

## 1 What would you like to do

- Start electronic funds transfer
- Change electronic funds transfer information
- Stop electronic funds transfer

Effective date (dd/mm/yyyy): \_\_\_\_\_

## 2 Provide your contact information

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

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

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

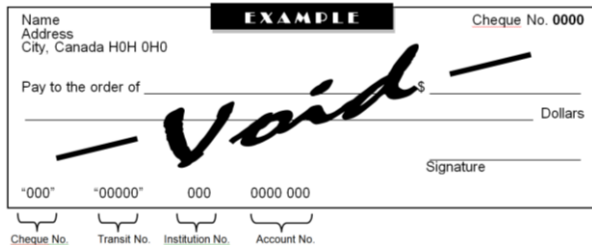
Email address: \_\_\_\_\_  
(for outgoing Electronic Funds Transfer notification)

## 3 Give your banking information

This section is not required if you are stopping electronic funds transfer.

### OPTION 1

Please attach a personalized blank cheque with your bank information on it. Write void across the front.



### OPTION 2

If you do not have a blank cheque, have your bank complete the following:

Name of bank: \_\_\_\_\_

Branch address: \_\_\_\_\_

Transit No.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Institution No.: [ ] [ ] [ ] [ ]

Account No.: [ ]

Phone number: ( ) \_\_\_\_\_

Authorized representative name: \_\_\_\_\_

Authorized representative signature: \_\_\_\_\_

## 4 Authorize electronic payment

I authorize the Province of Nova Scotia to start, change, or stop the withdrawal or deposit, by electronic funds transfer, of payments to or from Nova Scotia Department of Municipal Affairs and Housing and, if necessary, to adjust for amounts withdrawn or deposited electronically in error. The Province will withdraw or deposit the payments using the banking account designated above.

Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Financial Institution Stamp:

## 5 Return completed form and void personalized cheque (if applicable) to your local office.

Questions? Call your local office

Office use only			
Person/Organization ID	Date Entered (DD/MM/YYYY)	Collector Name	Collector Signature